

NATIONAL TUNIS SHEEP REGISTRY, INC

WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 420A Lincoln - Wamego, KS 66547 • Fax: 785-456-8599



Name _____ Membership# _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

- Senior Member
 Junior Member (until age 22)
 Non-Member
 New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Senior Member _____		35.00	xxx	
2. New Junior Member (date of birth ____/____/____) _____		12.00	xxx	
3. Annual Senior Dues _____		35.00	xxx	
4. Annual Junior Dues (date of birth ____/____/____) _____		12.00	xxx	
B. REGISTRATIONS _____				
		7.00	10.00	
C. TRANSFERS _____				
		7.00	10.00	
D. EXTENDED PEDIGREE (if not already provided on paper)				
1. Four Generation _____		30.00	60.00	
2. Five Generation _____		60.00	90.00	
D. CHRISTENING FEE (must pay to name any animal)				
		25.00	xxx	
<i>(Already registered animal can be named by returning the registration paper with fee, at that time the name will be added and a new paper will be provided)</i>				
<i>(New registrations, include christened name on registration application and it will be included on paper)</i>				
E. DUPLICATE CERTIFICATE _____				
		6.00	10.00	
F. RUSH FEE (per each registration & transfer) _____				
		5.00	30.00	
G. EMERGENCY FAXES/EMAILING DOCUMENTS (per page) _____				
		3.00	same	
H. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		<i>Call to order... Must provide credit card number for direct payment to UPS</i>		
2. Postal Overnight, USPS (two-three day delivery) _____		26.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		8.00	same	
J. OTHER FEES _____				

TOTAL FEES FROM ABOVE.....\$ _____
Previous Balance Due (please return invoice).....\$ _____
Previous Credit Due (please return invoice)\$ _____
TOTAL AMOUNT DUE\$ _____

PAYMENT BY CHECK # _____ OR CREDIT CARD # _____
 EXPIRATION DATE ON CARD _____ THREE DIGIT CODE ON BACK OF CARD _____
 ZIP CODE OF BILLING ADDRESS _____ SIGNATURE OF CARDHOLDER _____

All credit card transactions will be charged a 15 cent transaction fee and a 3.5% convenience fee on the total amount.

• ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS •