



North American Savannah Association

WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 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:

Member
 New Member Applying
 Non-Member

A. MEMBERSHIPS

| | Quantity | Member Price | Non-Member Price | Total Cost |
|---|----------------------|--------------|------------------|----------------------|
| 1. New Member _____ | <input type="text"/> | 50.00 | N/A | <input type="text"/> |
| 2. Annual Membership Dues (<i>due each calendar year</i>) _____ | <input type="text"/> | 50.00 | N/A | <input type="text"/> |

If new member applying, please provide your Flock Name Choice. Each animal registered is identified with a flock name.

Flock Name Choice: 1st option _____

2nd option _____

I certify that I desire to become a member of the North American Savannah Association. I agree to honorably promote the Savannah goat breed, support and obey the North American Savannah Association Articles of Incorporation and Bylaws.

Breeder Signature: _____ Date: _____

B. REGISTRATIONS

| | | | | |
|--|----------------------|-------|-------|----------------------|
| 1. Fullblood Registrations (<i>under 18 months</i>) _____ | <input type="text"/> | 10.00 | 20.00 | <input type="text"/> |
| 2. Fullblood Registrations (<i>over 18 months</i>) _____ | <input type="text"/> | 20.00 | 40.00 | <input type="text"/> |
| 3. Purebred Registrations (<i>under 18 months</i>) _____ | <input type="text"/> | 10.00 | 20.00 | <input type="text"/> |
| 4. Purebred Registrations (<i>over 18 months</i>) _____ | <input type="text"/> | 20.00 | 40.00 | <input type="text"/> |
| 5. Percentage Registrations (<i>under 18 months</i>) _____ | <input type="text"/> | 5.00 | 10.00 | <input type="text"/> |
| 6. Percentage Registrations (<i>over 18 months</i>) _____ | <input type="text"/> | 10.00 | 20.00 | <input type="text"/> |

C. RE-REGISTRATIONS (*enclose original certificate form other organization*) _____

D. TRANSFERS

| | | | | |
|---|----------------------|-------|-------|----------------------|
| 1. Current - Under 90 days (<i>from date of sale</i>) _____ | <input type="text"/> | 10.00 | 20.00 | <input type="text"/> |
| 2. Late - Over 90 days (<i>from date of sale</i>) _____ | <input type="text"/> | 20.00 | 40.00 | <input type="text"/> |

E. DUPLICATE CERTIFICATE OR CORRECTION _____

Registration # of certificates needed: _____

F. RUSH FEE (*per each registration & transfer*) _____

G. EMERGENCY FAXES (*per page - not including cover*) _____

H. SPECIAL HANDLING

| | | | | |
|---|----------------------|-------|-------|----------------------|
| 1. UPS Overnight Delivery _____ | <input type="text"/> | 10.00 | 20.00 | <input type="text"/> |
| 2. Postal Overnight, USPS (<i>two-three day delivery</i>) _____ | <input type="text"/> | 23.00 | same | <input type="text"/> |
| 3. Priority Mail, USPS (<i>four-five day delivery</i>) _____ | <input type="text"/> | 6.50 | same | <input type="text"/> |

*Call to order...
Must provide credit card number
for direct payment to UPS*

I. OTHER FEES _____

TOTAL FEES FROM ABOVE\$ _____

Previous Balance Due (*please return invoice*).....\$ _____

Previous Credit Due (*please return invoice*)\$ _____

TOTAL MONEY ENCLOSED -- CHECK # _____ (*cash or blank checks sent at own risk*).....\$ _____

Updated

• **ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS** •

Breeding Certificate

This is to certify that Buck _____ Registration # _____
(Buck Name & Tag Number) *(Registration Number)*
were exposed to Does _____
(List Doe Names, Tag Numbers & Association Numbers)
from _____ to _____
(Month, Day, Year) *(Month, Day, Year)*
Owner of Does at time of Mating: _____ Owner of Buck at time of Mating: _____
(Signature) *(Signature)*
Address: _____ Address: _____

Breeding Certificate

This is to certify that Buck _____ Registration # _____
(Buck Name & Tag Number) *(Registration Number)*
were exposed to Does _____
(List Doe Names, Tag Numbers & Association Numbers)
from _____ to _____
(Month, Day, Year) *(Month, Day, Year)*
Owner of Does at time of Mating: _____ Owner of Buck at time of Mating: _____
(Signature) *(Signature)*
Address: _____ Address: _____

Artificial Insemination Certificate

This is to certify that Does _____ were AI'd with _____ units/straws
(List Doe Names, Tag Numbers & Association Numbers, can include separate sheet for more space) *(# used)*
of semen from Buck _____ Registration # _____ DNA File # _____
(Buck Name & Tag Number) *(Registration #)*
Technician Print Name: _____ Date of Service: _____
Technician Signature: _____ Technician Contact Number: _____
Owner of Does at time of Mating: _____ Owner of Buck / semen at time of Mating: _____
(Signature) *(Circle one)* *(Signature)*
Address: _____ Address: _____

Embryo Transfer Certificate

This is to certify that Doe _____ Registration # _____ DNA File # _____
(Donor Doe's Name & Tag Number) *(Doe's Registration Number)*
was flushed and _____ eggs were recovered on _____ bred to Buck _____
(# eggs) *(Month, Day, Year)* *(Buck Name & Tag Number)*
Registration # _____ DNA File # _____ . _____ eggs were implanted into recipient Does on _____
(Buck's Registration Number) *(# eggs)* *(Month, Day, Year)*
Technician Print Name: _____ Date of Service: _____
Technician Signature: _____ Technician Contact Number: _____
Owner of Does at time of Mating: _____ Owner of Buck / semen at time of Mating: _____
(Signature) *(Circle one)* *(Signature)*
Address: _____ Address: _____