



Salers Breeders Self-Billing Worksheet

Note: Non-Members pay double for all services. Fees subject to change without notice.

REGISTRATIONS

<u>Quantity</u>		<u>Fee</u>	<u>Total</u>
	Whole Herd Registry - Annual WHR Female Enrollment		
	Female Enrollment	\$ 22.00	
	WHR Includes all progeny performance inputs for the enrollment year		
	Calf registration & a one-time free transfer for offspring apply for the enrollment year.		

TRANSFERS

	First transfer for progeny of Enrolled Females	n/c	
	Second and greater transfers for progeny of Enrolled Females	\$ 7.00	
	Transfers should be completed within 60 days from date of sale		
	(Applicable fee charged for each owner on multi-owned animals)		

MEMBERSHIPS

	Annual Membership (includes <i>American Salers</i> magazine)	\$ 150.00	
	Annual Junior Membership	\$ 25.00	

OTHER REGISTRY SERVICES

	A.I. Permit (Required for all bulls used artificially)	\$ 50.00	
	A.I. Certificate of Service (Available ONLY to bull owners of record)	\$ 25.00	
	Provide bull registration number: _____		
	Embryo Transfer Permit (Required for all donor dams)	\$ 50.00	
	Duplicate Registration Certificate	\$ 10.00	
	Correction of Registration Certificate (original certificate required)	\$ 5.00	
	Recording of lease animals (per animal)	\$ 10.00	
	Change of animal name (must have original owner consent)	\$ 100.00	
	Cow Herd EPD Report (1 free annually)	\$ 10.00	
	ROE-1 Multiple Registration Application Form	n/c	
	ROE-1 Pre-printed Herd Inventory (1 free annually)	\$ 5.00	
	Beta Mannosidosis Testing Form	n/c	
	Rush Order Processing Fee	\$ 30.00	
	Enter 3 generation pedigree of non-Salers animal	\$ 25.00	
	DNA Blood Cards (\$1.00 each, minimum order 10)	\$ 10.00	
	DNA Hair Cards (\$1.50 each, minimum order 10)	\$ 15.00	
	Allflex Tissue Sample Unit Applicator	\$50 + shipping	
	Allflex Tissue Sample Unit (\$2.70 each, minimum order 10)	\$27 + shipping	

Total Remittance \$

Advance payment required to process work.

Membership Name: _____	Payment method: _____
Membership Number: _____	<input type="checkbox"/> Check (check # _____) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Address: _____	Credit Card #: _____
	Expiration Date: _____
Phone: _____	Signature X: _____
check if applicable: <input type="checkbox"/> new address <input type="checkbox"/> new member <input type="checkbox"/> new phone number <input type="checkbox"/> rush order (\$30 charge)	

Please remit completed form and payment to: ASA Registry • PO Box 850 • Big Horn, WY 82833