



North American South Devon Association

PO Box 850 • Big Horn, WY 82833 • Ph: (303) 770-3130 • email: info@southdevon.com

Self-Billing Worksheet

<u>Quantity</u>	<u>Service</u>	<u>Member</u> <u>Fee</u>	<u>Inactive/ Nonmember</u>	<u>Total</u>
REGISTRATIONS				
Complete Inventory Recording (CIR) - Annual CIR Female Enrollment				
_____	7/8 through fullbloods	\$ 15.00	\$ 30.00	_____
_____	Over 1/2 but less than 7/8	\$ 15.00	\$ 30.00	_____
_____	1/2 and below	\$ 15.00	\$ 30.00	_____
TRANSFERS				
Females less than 16 months and bulls less than 30 months of age				
_____	Born to enrolled females	N/C	N/C	_____
Females over 16 mos and bulls over 30 mos of age born to enrolled females				
_____	Within 60 days of sale	\$ 10.00	\$ 20.00	_____
_____	After 60 days of sale	\$ 20.00	\$ 40.00	_____
All other cattle				
_____	Within 60 days of sale	\$ 10.00	\$ 20.00	_____
_____	After 60 days of sale	\$ 20.00	\$ 40.00	_____
MEMBERSHIPS (see reverse side for application)				
_____	Active Regular Membership, due each Jan 1	\$ 100.00		_____
_____	Associate Membership, renewable annually on Jan 1	\$ 25.00		_____
_____	Junior Membership, due each Jan 1	\$ 20.00		_____
OTHER SERVICES				
_____	Duplicate Registration Certificate	\$ 10.00	\$ 10.00	_____
_____	Correction of Registration Certificate (original certificate required) ROE - 1	\$ 5.00	\$ 5.00	_____
_____	Multiple Registration Application Form	N/C	N/C	_____
_____	ROE - 1 Pre-printed Herd Inventory (1 free annually)	\$ 5.00	\$ 5.00	_____
_____	Rush Order Processing Fee	\$ 25.00	\$ 25.00	_____
_____	Other Breed Pedigree Recording - Input 3 Generation Pedigree (Copy of other breed registration required)	\$ 15.00	\$ 30.00	_____
_____	DNA Hair Cards (\$1.50 each, minimum order 10)	\$ 15.00		_____
_____	DNA Blood Cards (\$1.00 each, minimum order 10)	\$ 10.00		_____
_____	Allflex Tissue Sample Unit Applicator	\$ 50.00 + shipping		_____
_____	Allflex Tissue Sample Units (\$2.70 each, minimum order 10)	\$ 27.00 + shipping		_____

Total Remittance

\$

Total fees must accompany work order to begin processing

Member	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 (\$25 charge)		

Remit completed form and payment to: NASDA Registry • PO Box 850 • Big Horn, WY 82833