

American DEVON Cattle Association



WORK ORDER -- FEE SCHEDULE MEMBERSHIP APPLICATION

Phone: 641-942-6430 • PO Box 51, 222 Main St - Milo, Iowa 50166 • Fax: 641-942-6502

Name _____ Membership # _____

Farm Name _____ Daytime Phone # _____

Address _____ Evening Phone # _____

City, State, Zip _____ 3 Letter Herd Code _____

Website _____ Email _____

Check one of the following:

Date _____

Member

Junior Member

New Member Applying

	Quantity	Member Price	Total Cost
A. MEMBERSHIPS			
1. New Membership Fee _____		100.00	
<i>Open to any person owning or interested in Devon Cattle. The \$100.00 fee covers all initiation fees, and also assignment of a three-letter herd code valid through the date of the next regularly scheduled renewal period. This also entitles you to one vote per membership.</i>			
<i>IF NEW MEMBER Please list three options for your 3 letter Herd Code: _____, _____, _____</i>			
2. New Junior Membership Fee _____		5.00	
<i>Open to any person under the age of 18 years interested in Devon cattle. Junior members have all the rights and privileges of a Member with the exception of voting rights. Between a Junior Member's 18th and 19th birthday, the Junior Membership may be converted to an Adult Membership with payment of a \$95.00 fee, which constitutes the remainder of the Membership fee.</i>			
<i>IF NEW JUNIOR MEMBER Please provide Birthdate: ____/____/____ and list three options for your 3 letter Herd Code: _____, _____, _____</i>			
3. Annual Association Dues - Registry Privileges _____		40.00	
<i>Newsletter Subscription included in Membership</i>			
B. WEBSITE BREEDERS LISTING _____		40.00	
C. REGISTRATIONS			
1. Animals under 1 year of age _____		20.00	
2. Animals over 1 year of age _____		25.00	
D. TRANSFERS _____		10.00	
E. DUPLICATE CERTIFICATE / REISSUE CERTIFICATE _____		15.00	
F. RUSH FEE (per each registration & transfer) _____		5.00	
G. EMERGENCY FAXES (per page - not including cover) _____		4.00	
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) _____		18.30	
2. Priority Mail, USPS (four-five day delivery) _____		4.85	
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).....\$ _____

Certificate of Lease or Loan of Bull

This is to certify that Bull _____ Registration # _____
(Bull Name & Tag Number) *(Registration Number)*

were exposed to Cows _____
(List Cow Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) *(Month, Day, Year)*

Owner of cows at time of Mating: _____ Owner of bull at time of Mating: _____
(Signature) *(Signature)*

Address: _____ Address: _____

Certificate of Lease or Loan of Bull

This is to certify that Bull _____ Registration # _____
(Bull Name & Tag Number) *(Registration Number)*

were exposed to Cows _____
(List Cow Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) *(Month, Day, Year)*

Owner of cows at time of Mating: _____ Owner of bull at time of Mating: _____
(Signature) *(Signature)*

Address: _____ Address: _____

Artificial Insemination Certificate

This is to certify that Cows _____
(List Cows Names, Tag Numbers & Association Numbers)

were AI'd with _____ units/straws of semen from Bull _____ Registration # _____
(# used) *(Bull Name & Tag Number)* *(Registration #)*

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of cows at time of Mating: _____ Owner of bull / semen at time of Mating: _____
(Signature) *(Circle one)* *(Signature)*

Address: _____ Address: _____

Embryo Transfer Certificate

This is to certify that Cow _____ Registration # _____
(Donor Cow Name & Tag Number) *(Cow Registration Number)*

was flushed and _____ eggs were recovered on _____ bred to Bull _____
(# eggs) *(Month, Day, Year)* *(Bull Name & Tag Number)*

Registration # _____ eggs were implanted into recipient cows on _____
(Bull Registration Number) *(# eggs)* *(Month, Day, Year)*

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of cows at time of Mating: _____ Owner of bull / semen at time of Mating: _____
(Signature) *(Circle one)* *(Signature)*

Address: _____ Address: _____