



Date _____ Member # _____
 Name _____
 Address _____
 City, State, Zip _____
 Daytime phone / Email _____

Fee Schedule & Self Billing Worksheet				
Registration (Fees effective April 1, 2019 – FB Registration Moratorium to 12-31- 2019)				
Fullblood Registration	Up to 9 months	\$20	X _____ =	
Fullblood Registration(moratorium)	Over 9 mon. to 18 months	\$20	X _____ =	
Fullblood Registration(moratorium)	Over 18 months	\$20	X _____ =	
Purebred/Percent Registration	Up to 9 months	\$12	X _____ =	
Purebred/Percent Registration	Over 9 months to 18 months	\$15	X _____ =	
Purebred/Percent Registration	Over 18 months	\$20	X _____ =	
Transfers (Applicable fee charged for each owner on multi-owned animals)				
Transfer	Within 30 days	\$10	X _____ =	
Transfer	Over 30 days	\$20	X _____ =	
Transfer - within family or herd	Within 30 days	\$5		
Miscellaneous Fees				
Animal Recording	(No registration certificate issued)	\$2	X _____ =	
Correction of Recording	\$5 Breeder error/No-charge for ALR error	\$5	X _____ =	
Replace Lost Certificate		\$5	X _____ =	
Animal Name Change	(Only if no progeny are recorded)	\$25	X _____ =	
Register Bull as A.I. Sire (AI Permit)	Required for all bulls used artificially	\$25		
A.I. Certificate Order (Electronic only)	Sire Reg. # _____	\$1/ea		
	Issue to Member # _____			
Pedigree Recording	Submit other-breed parent pedigree to include on Aberdeen registration certificate	\$12		
Processing Rush Fee		\$25		
Membership				
New Membership	(\$50 initiation + \$40 dues + application form)	\$90	X _____ =	
Annual Dues Renewal	(Add \$10 if paid after January 1)	\$40	X _____ =	
Junior Membership (under 21)	(Enclose application)	\$10	X _____ =	
Annual Junior Membership Dues		\$10	X _____ =	
DNA Blood Cards (minimum 10)	\$1.00 each	\$10	X _____ =	
DNA Hair Cards (minimum 10)	\$0.50 each	\$5	X _____ =	
Allflex Tissue Sample Applicator		\$40	X _____ =	
Allflex Tissue Sample Unit(min – 10)	\$2.00 each	\$20	X _____ =	
TOTAL				(\$U.S. Funds)

Please include this form with all work submitted, along with proper payment. **Fees are double for non-members.**

____ Check/Money Order Enclosed ____ Bill my MasterCard/Visa Acct No. _____ Exp. Date _____

Cardholder's signature _____

Send to: American Aberdeen Association 19590 E. Mainstreet, Suite 104, Parker CO 80138 Ph: (303) 840-4343