



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

Fee Schedule & Self Billing Worksheet

Registration

(Fees effective until July 1, 2024)

Fullblood Registration	Up to 9 months	\$15	X _____ =	
Fullblood Registration(moratorium)	Over 9 months to 18 months (moratorium until 7/1/24)	\$15	X _____ =	
Fullblood Registration(moratorium)	Over 18 months (moratorium until 7/1/24)	\$15	X _____ =	
Purebred/Percent Registration	Up to 9 months	\$12	X _____ =	
Purebred/Percent Registration	Over 9 months to 18 months (moratorium until 7/1/24)	\$12	X _____ =	
Purebred/Percent Registration	Over 18 months (moratorium until 7/1/24)	\$12	X _____ =	

Transfers

(Applicable fee charged for each owner on multi-owned animals)

Transfer	Within 30 days from date of sale	\$10	X _____ =	
Transfer	Over 30 days from date of sale	\$20	X _____ =	

Miscellaneous Fees

Animal Recording	(No registration certificate issued)	\$2	X _____ =	
Correction of Recording	\$5 Breeder error/No-charge for AAA 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. # _____ Memb# _____	\$1/ea		
Import Aberdeen Certificate	Recognized Member Country	\$10	X _____ =	
Pedigree Recording	Submit other-breed parent pedigree to include on Aberdeen registration certificate	\$12		
Processing Rush Fee		\$25		
DNA Research Fee	\$60 per hour			

Membership

New Membership	(\$50 initiation + \$80 dues + application form)	\$130	X _____ =	
Annual Dues Renewal	(Add \$10 if paid after January 1)	\$80	X _____ =	
Junior Membership (under 21)	(Enclose application)	\$10	X _____ =	
Annual Junior Membership Dues		\$10	X _____ =	
DNA SUPPLY POSTAGE FEE	Additional fees may be charged to cover postage			
DNA Blood Cards	\$1.00 each (Minimum order 10)	\$10	X _____ =	
DNA Hair Cards	\$1.50 each (Minimum order 10)	\$15	X _____ =	
Allflex Tissue Sample Applicator		\$50	X _____ =	
Allflex Tissue Sample Unit	\$2.50 each (Minimum order 10)	\$25	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 PO Box 260, Kearney, MO 64060 Ph: (303) 840-4343