

AMERICAN BRAHMAN BREEDERS ASSOCIATION

PO BOX 14100
KANSAS CITY, MO 64101
PHONE: 816-595-2442

SELF-BILLING WORKSHEET

FAX: 816-842-6931 EMAIL: ABBA@abraonline.org

PLEASE NOTE: If you are a member of ABBA, or joining at this time, use the fees for Active members. Effective 02-01-14

NAME: _____ **ADDRESS:** _____ **ABBA NO:** _____

This self-billing worksheet is designed to assist you in the accurate computation of the amount of fees due. Keep a copy of this worksheet for reference if a difference occurs between the amount you figured and the amount ABBA charges. **FEES ARE BASED ON THE DATE OF THE POSTMARK ON THE ENVELOPE SENT TO ABBA AND MAY VARY UPON MEMBERSHIP STATUS AND AGE OF ANIMAL.**

| REGISTRATIONS** | | | | REGISTRATIONS | | | | |
|------------------------------|----------------|----------------|----------------|---------------|----------------|------------|---------------|----------|
| ACTIVE MEMBERS | | JUNIOR MEMBERS | | NON-ACTIVE | | | | |
| AGE OF ANIMALS | NO. OF ANIMALS | UNIT PRICE | No Performance | AMOUNT | NO. OF ANIMALS | UNIT PRICE | 10 Hd or Less | AMOUNT |
| UNDER 10 MONTHS | | 17.50 | 20.00 | | | 50.00 | 40.00 | |
| 10-12 MONTHS | | 25.00 | 27.50 | | | 75.00 | 47.50 | |
| 12-24 MONTHS | | 50.00 | 52.50 | | | 100.00 | 70.00 | |
| OVER 24 MONTHS | | 100.00 | 102.50 | | | 150.00 | 120.00 | |
| RECIPROCITY | | 25.00 | | | | N/A | | |
| CERTIFY F1 BRAHMAN FEMALE | | 7.50 | | | | N/A | | |
| A. TOTAL REGISTRATION | | | | | | | | \$ _____ |
| (TRANSFER AMOUNT TO SUMMARY) | | | | | | | | |

| TRANSFERS** | | | | TRANSFERS** | | | |
|-------------------------------------------------------------------------------------------------------|----------------|----------------|--------|--------------------------|------------|--------|----------|
| ACTIVE MEMBERS | | JUNIOR MEMBERS | | NON-ACTIVE & NON-MEMBERS | | | |
| TRANSACTION | NO. OF ANIMALS | UNIT PRICE | AMOUNT | NO. OF ANIMALS | UNIT PRICE | AMOUNT | |
| WITHIN 30 DAYS FROM DATE OF DELIVERY | | 12.50 | | | 40.00 | | |
| AFTER 30 DAYS FROM DATE OF DELIVERY | | 15.00 | | | 60.00 | | |
| OTHER* | | 5.00 | | | 5.00 | | |
| *Application resulting from formation or dissolution of Partnership or Inheritance, Name Change, Etc. | | | | | | | |
| B. TOTAL TRANSFERS | | | | | | | \$ _____ |
| (TRANSFER AMOUNT TO SUMMARY) | | | | | | | |

****MULTIPLE OWNED REGISTRATIONS AND TRANSFERS WILL BE CHARGED ACCORDING TO THE NUMBER OF INDIVIDUAL CERTIFICATES ISSUED.**

| ADDITIONAL TRANSACTIONS | | | |
|------------------------------------------------|------|----------|----------|
| TRANSACTION | QTY. | UNIT FEE | AMOUNT |
| 4 GENERATION PEDIGREE | | 5.00 | |
| 5 GENERATION PEDIGREE | | 10.00 | |
| DUPLICATE CERTIFICATE | | 5.00 | |
| CORRECTION OF CERTIFICATE | | 5.00 | |
| DNA PROFILE (PER ANIMAL) | | 25.00 | |
| ANIMAL NAME CHANGE (animals with no offspring) | | 20.00 | |
| A.I./EMBRYO CERTIFICATE | | 5.00 | |
| BHIR FEES - WEANING & YEARLING | | 2.50 | |
| OTHER | | | |
| C. TOTAL SUPPLIES | | | \$ _____ |
| (TRANSFER AMOUNT TO SUMMARY) | | | |

| MEMBERSHIP FEES | | | |
|----------------------------------------------------------------|----------------|----------|----------|
| TRANSACTION | QTY. | UNIT FEE | AMOUNT |
| ACTIVE MEMBERSHIP | | 100.00 | |
| F1 BREEDER ENROLLMENT | | 50.00 | |
| ABBA ANNUAL ACTIVITY FEE BASED ON BREEDING AGED FEMALES: | | | |
| | 1-50=\$100 | 100.00 | |
| | 51-100=\$200 | 200.00 | |
| | OVER 100=\$300 | 300.00 | |
| D. TOTAL MEMBERSHIP FEES | | | \$ _____ |
| (TRANSFER AMOUNT TO SUMMARY) | | | |

| SUMMARY OF FEES | | | |
|------------------------------------|--------|---------------------------------------|--------|
| | AMOUNT | | AMOUNT |
| A. TOTAL ABBA REGISTRATIONS | | E. RUSH FEE (\$15.00 per item) | |
| B. TOTAL TRANSFERS | | G. FEDERAL EXPRESS | |
| C. TOTAL SUPPLIES | | H. EXPRESS MAIL | |
| D. TOTAL MEMBERSHIP FEES | | TOTAL REMITTANCE | |

DO NOT SEND CASH!!!!!! MAKE CHECKS PAYABLE TO AMERICAN BRAHMAN BREEDERS ASSOCIATION **AMOUNT ENCLOSED \$** _____

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| CREDIT CARD INFORMATION (Completing the information below, authorizes ABBA to bring your account into good standing with this credit card transaction.) | |
| CARD NUMBER: | CVV@ NUMBER (3 or 4 digit number on back of card): |
| CARD HOLDER NAME: | |
| CARD TYPE: MASTERCARD or VISA (circle one) | EXPIRATION DATE: SIGNATURE: |

Please check this box if you would like ABBA to store your credit card information for future reference when submitting work.