



ACA Self Billing Sheet

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MORE INFORMATION at www.chicattle.org

PLEASE INCLUDE THIS FORM WITH ALL WORK SUBMITTED TO THE ACA OFFICE.
Paperwork will not be completed until proper fees are remitted to the ACA office.



Membership Name: _____

Membership Number: _____

Address: _____

City, State, Zip: _____

Check here if new address

FOR ACA OFFICE USE ONLY

Post-Marked Date: _____

Date Recieved: _____

Date Mailed: _____

Membership Fees

Qty.	Membership	Price	Amount
	Adult Membership (includes a one-year subscription to the ACJ)	\$ 100	
	Annual Adult Activity Fee (includes a one-year subscription to the ACJ)	\$ 100	
	Junior Membership (expires January 1 after 22 nd birthday)	\$ 50	
	Junior Activity Fee (due annually)	\$ 25	

Registration Fees please note: Registration fees are based on the current membership status of "owner at time of animal's birth"

Qty.	Age of Calf	Price		Amount
		Active Member	Inactive or Non-member	
	Birth to 150 Days	\$ 25	\$ 75	
	151 to 450 Days	\$ 30	\$ 90	
	451 to 730 Days	\$ 35	\$ 105	
	731 Days and over	\$ 40	\$ 120	
	Add Commercial Dam	\$ 50	\$ 150	
	Pedigree of Dam recorded with another association	\$ 25	\$ 75	
	Performance Registration	\$ 10	\$ 30	
	Steers	\$ 30	\$ 90	

Transfer Fees please note: Transfer fees are based on membership status of seller.

Qty.	From Date of Sale	Price		Amount
		Active Member	Inactive or Non-member	
	Within 60 Days of Sale	\$ 15	\$ 45	
	Over 60 Days of Sale	\$ 30	\$ 90	
	Steer Transfer	\$ 15	\$ 45	

Additional Transactions

Qty.	Category	Price	Amount
	Rush Fee (covers 1 registration or 1 reg/transfer if on same form)	\$ 25	\$ 75
	Fed Ex (\$ 10 more if Saturday delivery needed)	\$ 35	\$ 35
	Duplicate Certificate or Correction	\$ 5	\$ 15
	Retention of Partial Interest Transfers	\$ 5	\$ 15
	Change of Animal's name	\$ 25	\$ 75
	Additional Cost to Register a Clone	\$ 75	\$ 75
	Applications for Registration (blank forms)	-N/C-	-N/C-
	One-year ACJ subcription (U.S., Canada & Mexico) Foreign rates available upon request) not based on membership status)		\$ 25
	Back issues or additional copies (when available) (not based on membership)		\$ 3 plus postage
Total Amount Enclosed			

Make Checks Payable to: American Chianina Association Amount: \$ _____ Check # _____

Master Card, Visa, Discover or American Express for payment Name as it appears on card: _____

Exp. Date: ____/____/____ Card Number: _____ CID# _____ (3 digit code on back)