### SELF BILLING WORKSHEET & ORDER FORM

**LIMOUSIN North American Limousin Foundation**

6205 S Main Street, Suite D-280
Aurora, CO 80016-5370

Website [www.nalf.org](http://www.nalf.org)

Email limousin@nalf.org

Phone 303.220.1693

Fax 303.220.1884

Toll Free 888.320.8747

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**REGISTRATION FEES**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 120 days of age</td>
<td>$42</td>
</tr>
<tr>
<td>121 to 270 days of age</td>
<td>$52</td>
</tr>
<tr>
<td>271 days of age and older</td>
<td>$62</td>
</tr>
<tr>
<td>LIMS Whole Herd Cow Enrollment</td>
<td>$32</td>
</tr>
<tr>
<td>Performance only</td>
<td>$15</td>
</tr>
<tr>
<td>Record other breed pedigree</td>
<td>$20</td>
</tr>
</tbody>
</table>

**TRANSFER FEES**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 60 days from sale date</td>
<td>$20</td>
</tr>
<tr>
<td>Over 60 days from sale date</td>
<td>$30</td>
</tr>
</tbody>
</table>

**OTHER SERVICES**

- **Rush processing** (registration or transfer) | $25
- Error correction within 30 days | $N/C
- Error correction after 30 days | $5
- Duplicate certificate | $10
- Animal name change (by original applicant) | $5
- Animal name change (by subsequent owner) | $25
- Sire name change (with progeny–contact NALF) | $500
- Show certificate service | $10
  (Immediate email or fax of certificate for a show or validation)
- Membership name change | $25
- Performance record | $2
- Herd EPD report | $N/C
- Animal Reactivation Fee after 30 days | $100

**Tissue Sampling Units**

- Form A – 3 head per page (can be photocopied) | $N/C
- Form A registration app - blank | $N/C
- Form B – Single registration App (can be photocopied) | $N/C
- Transfer Form – 2 animals per sheet (can be photocopied) | $N/C

**DNA TYPING SUPPLIES**

- DNA typing form only (can be photocopied) | $N/C
- DNA typing form & FTA kit | $2.00
- Hair sample kits | $6.00
- Proto testing forms | $N/C
- Tissue Sampling Units | $1.85
- Tissue Sampling Unit Tagger | $40.00

**OTHER SUPPLIES**

- Self billing worksheet & order form | $N/C
- Duplicate certificate affidavit | $N/C

**Total of both columns** | $__________

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**MEMBERSHIP NAME**

**MEMBERSHIP NUMBER**

**ADDRESS**

**CITY** ________ **STATE** ________ **ZIP** ________

**PHONE** ____________ **FAX** ____________

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**E-MAIL ADDRESS**

**PAY BY:** __CHECK __ VISA __ MASTERCARD __ DISCOVER __ AMEX

**CREDIT CARD #**

**EXPIRATION DATE** ________ **SECURITY CODE** ________

**SIGNATURE**

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**CHECK IF RUSH ORDER ENCLOSED** ($25 PER HEAD ADDT'L CHARGE)

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**PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE**