



ACA Self Billing Sheet

PO Box 890 • Platte City, MO 64079 • Phone: (816) 431-2808 • Fax (816) 431-5381

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 received: _____

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 22nd birthday)	\$ 50	
	Junior Activity Fee (due annually)	\$ 50	

Registration Fees Please Note: You must be an active member in order to register cattle. Inactive membership must be renewed before registration work is done.

Qty	Age of Calf	Price	Amount
	Birth to 150 Days	\$ 30	
	151 to 450 Days	\$ 35	
	451 to 730 Days	\$ 40	
	731 Days and over	\$ 45	
	Add Commercial Dam	\$ 75	
	Pedigree of Dam recorded from another association	\$ 30	
	Performance Registration	\$ 10	
	Steers	\$ 35	

Transfer Fees – Please Note: Fee triples if you are not an active member.

Qty	From Date of Sale		Amount
	Within 60 Days of Sale	\$ 20	
	Over 60 Days of Sale	\$ 35	
	Steer Transfer	\$ 20	

Additional Transactions

Qty			Amount
	Rush Fee (for 1 registration and transfer if on the same form)	\$ 50	
	Fed Ex (\$10 More if Saturday delivery is needed) - price subject to change at any time	\$ 45	
	Duplicate Certificate or Correction	\$ 5	
	Retention of Partial Interest Transfers	\$ 5	
	Change Animal Name	\$ 25	
	Clone Registration	\$ 75	
	One year subscription to the ACJ (U.S., Canada and Mexico) Foreign rates available upon request. Not based on membership status	\$ 25	
	Back issues or additional copies (when available)	\$ 3 plus postage	

Total Amount Enclosed

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

Master Card, Visa, Discover or American Express for payment (please note credit card payments incur a 3% convenience fee.)

Name as it appears on card: _____ Card Number: _____

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