

# AM Testing Reimbursement Application



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Date \_\_\_\_\_ AGA Member Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, St \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_

Number of AM50 Females tested \_\_\_\_\_

Reimbursement Credit **X** \$10.00

Total Credit to be applied to members account \_\_\_\_\_

*To receive Reimbursement Credit....*

- 1) Attach copy of AM Test results to this form with AM50 females highlighted. Animals must have either an AMG# or Prefix/Tattoo*
- 2) Attach a copy of the AGA generated AM Status report.*
- 3) Submit this form and above documents to the AGA office attention Susan Willmon by 1/10/2010.*
- 4) Upon verification reimbursement credit will be applied to Member's account.*