



## International Organic Inspectors Association

P O Box 6, Broadus, Montana USA 59317-0006

Phone/Fax: (406) 436-2031 E-mail: [ioia@ioia.net](mailto:ioia@ioia.net) Web: [www.ioia.net](http://www.ioia.net)

### SUPPORTING MEMBERSHIP APPLICATION

Choose Membership Level: Individual (\$135/year) \_\_\_\_\_ Business/organization (\$200/year) \_\_\_\_\_  
Certification Agency (\$500/year) \_\_\_\_\_ Patron (\$1000/year) \_\_\_\_\_ Sustainer (\$5,000/year) \_\_\_\_\_

*Please print or type. Information from this form may be used in the IOIA annual Membership Directory. Please read the IOIA Code of Ethics and Code of Conduct.*

Name \_\_\_\_\_ Organization/business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

*Supporting Individual/Business/Organization/Patron Membership Levels. **Certification agencies should fill out the other side of this application.** If you are an individual representing a regional certification agency, please fill out the Certification Agency section also.*

1. Write a brief statement about your interests/business/organization for the Membership Directory.

\_\_\_\_\_

\_\_\_\_\_

2. Type of business or organization \_\_\_\_\_

3. List organic products and/or services. \_\_\_\_\_

\_\_\_\_\_

4. Briefly explain your interest in being a supporting member of IOIA. \_\_\_\_\_

\_\_\_\_\_

5. How can IOIA help you? \_\_\_\_\_

\_\_\_\_\_

Office Only: Received by Whom \_\_\_\_\_ Date \_\_\_\_\_ Dues Received \_\_\_\_\_  
Amount \_\_\_\_\_  
Sent to Membership Committee \_\_\_\_\_ Membership Acceptance Letter  
Mailed \_\_\_\_\_  
Membership Category: \_\_\_\_\_

*Certification Agency Membership Level. Please attach supporting information (organic standards, inspection manual/policies).*

1. Inspection Coordinator and how to contact (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What geographic areas does your certification program cover? \_\_\_\_\_  
\_\_\_\_\_
3. Is your certification program IFOAM accredited? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is your certification program accredited by any other organization/governmental body?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, the name is \_\_\_\_\_
5. Approximately how many farms/livestock operations are currently certified by your program? \_\_\_\_\_
6. Approximately how many processing operations are currently certified by your program? \_\_\_\_\_
7. Are your inspectors employees or independent contractors? \_\_\_\_\_
8. Do you provide inspector training? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
9. How would a potential inspector be hired by your agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Briefly explain your interest in being a supporting member of IOIA \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enclosed is my check, payable to IOIA, in the amount of \$\_\_\_\_\_.**

I hereby attest that all the above and attached information is true and accurate. I support IOIA's Mission Statement and agree to follow IOIA's Code of Ethics and Code of Conduct. In the event of a dispute, the venue for resolution will be in Montana.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please make check/money order for US funds payable to International Organic Inspectors Association (IOIA) and send to: IOIA, P.O. Box 6, Broadus, Montana, USA 59317

**THANK YOU FOR YOUR SUPPORT!**