



International Organic Inspectors Association

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

Phone/Fax: (406) 436-2031 E-mail: ioia@ioia.net Web: 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 fill out on your computer. 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!