



# 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)

## INSPECTOR MEMBERSHIP APPLICATION

**Please print or type. Attach résumé.** The Membership Committee will, based on your training and experience, assign you to Supporting Individual or Inspector Member status. The information provided may be used in the IOIA Membership Directory. Before signing, be sure you read the IOIA Code of Ethics and Code of Conduct.

**Criteria of acceptance, based on IOIA Bylaws, are:**

- Formal basic inspector training.
- Training or experience in agriculture, processing, and/or trade.
- Completion of IOIA Membership Application.
- Review and approval by the IOIA Membership Committee.
- Understanding and acceptance of IOIA Mission Statement, Code of Ethics and Code of Conduct.
- Experience in inspection of organic farming, food processing, and/or trade. Minimum experience is documented in 1 of 2 manners: 1. Ten organic inspections performed, plus a letter from a certification agency attesting to completion of these inspections; OR 2. Five supervised inspections performed, plus a letter from a mentor inspector attesting to completion of these inspections.

Membership Level Requested: Inspector  Supporting Individual

**Please do not complete this application unless you meet the criteria for Inspector Member. All other applicants should complete a Supporting Membership Application instead.**

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (check): Male  Female  Citizenship: \_\_\_\_\_

Languages (under Learned, indicate degree of fluency - F for fluent, C for conversational):

Native \_\_\_\_\_ Learned \_\_\_\_\_

Education Completed (type of degree, year, school): \_\_\_\_\_

Occupation and Employment (past 3 years): \_\_\_\_\_

Organic Inspector Trainings Completed (check): Farm  Livestock  Processing

Date	Training Organization	Address	Phone/Fax
_____	_____	_____	_____
_____	_____	_____	_____

Two Professional References (name, address, phone/fax number): \_\_\_\_\_

Briefly explain your interest and commitment towards organic production. \_\_\_\_\_

Briefly explain your interests and concerns in being a member of IOIA. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approximate number of organic inspections performed: Farm \_\_\_\_\_ Livestock \_\_\_\_\_ Processing \_\_\_\_\_

**Organic Inspection Experience:**

Year(s) Certification Agency Year(s) Certification Agency  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Inspections Performed (check):**

Farm: Cacao  Citrus  Coffee  Cotton  Field Crops/row crops  Greenhouse Grower groups  Herbs   
Honey  Maple syrup  Mushrooms  Nuts  Rice  Small fruits  Spices  Sprouts  Fresh vegetables   
Sugarcane  Tea  Tobacco  Tree fruits  Tropical crops  Vegetables  Vineyard  Wildcrafting   
Other: \_\_\_\_\_

Livestock: Aquaculture  Beef  Bison  Dairy  Eggs  Goats  Hogs  Poultry  Sheep   
Other: \_\_\_\_\_

Processes: Baking  Bottling  Canning  Cooking  Decaffeination  Dehydration  Distillation   
Egg cracking  Extruding  Fermentation  Flaking  Freezing  Fresh packing  Hulling  Ginning   
Grain cleaning  Honey extraction  IQF  Juicing  Malting  Milling  Oil extraction  Pasteurization   
Retail  Slaughtering  Textile process  Warehousing   
Other: \_\_\_\_\_

Processed Products: Beer  Cereals  Chocolate  Coffee  Companion Pet Foods  Dairy Products   
Flours  Masa  Multi-ingredient  Nut butters  Pasta  Purees  Sauces  Soups  Soy products   
Spices  Sugar  Tofu  Vinegar  Wine  Vitamins/supplements  Personal Body Care Products   
Other: \_\_\_\_\_

**Write a brief personal statement about yourself that adds to the above information you would like printed in the Membership Directory.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are you interested in serving on an IOIA Committee?** Yes  No  Please check:

Board of Directors  Accreditation  Bylaws  Canadian  Editorial Review  Finance  Fundraising   
Latin American  Membership  Scholarship  Training Advisory

**Do you give permission for IOIA to list your annual Membership Directory entry on the IOIA Website?**

Yes  No  Note: IOIA requires your written permission. Without it, your listing will not be posted.

**I hereby attest that all the above and attached information is true and accurate. I support IOIA's Mission Statement and agree to follow the IOIA 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 or money order for \$165.00 (US funds) annual membership dues payable to IOIA and send to:**

**IOIA, P.O. Box 6, Broadus, Montana, USA, 59317**

10/18/2011 Office use only: Received by _____ Date _____ Amount Received _____ Training Verified <input type="checkbox"/> Inspections Verified <input type="checkbox"/> Initial Membership Level _____ Date to Membership Comm. _____ Membership Accept. Letter Mailed _____
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**THANK YOU FOR YOUR SUPPORT!**