



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 - \$145/year Business/organization - \$210/year Certification Agency - \$520/year Patron - \$1000/year Sustainer (\$5000/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 Click here to enter text. Organization/business Click here to enter text.
Address Click here to enter text. City Click here to enter text.
State/Province Click here to enter text. Country Click here to enter text.
Zip/Postal Code Click here to enter text. Telephone Click here to enter text.
Fax Click here to enter text. Email Click here to enter text.

For 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. Click here to enter text.
2. Type of business or organization Click here to enter text.
3. List organic products and/or services Click here to enter text.
4. Briefly explain your interest in being a supporting member of IOIA Click here to enter text.
5. How can IOIA help you? Click here to enter text.

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) [Click here to enter text.](#)
- 2. What geographic areas does your certification program cover? [Click here to enter text.](#)
- 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 [Click here to enter text.](#)
- 5. Approximately how many farms/livestock operations are currently certified by your program?
[Click here to enter text.](#)
- 6. Approximately how many processing operations are currently certified by your program? [Click here to enter text.](#)
- 7. Are your inspectors employees or independent contractors? [Click here to enter text.](#)
- 8. Do you provide inspector training? Yes No If yes, please describe [Click here to enter text.](#)
- 9. How would a potential inspector be hired by your agency? [Click here to enter text.](#)
- 10. Briefly explain your interest in being a supporting member of IOIA [Click here to enter text.](#)

Enclosed is my check, payable to IOIA, in the amount of \$[Click here to enter text..](#)

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 [Click here to enter text.](#) Date [Click here to enter text.](#)

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!

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Amount _____ Sent to Membership Committee _____ Membership Acceptance Letter Mailed _____
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