**International Organic Inspectors Association**

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

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INSPECTOR MEMBERSHIP APPLICATION

***Please print or type. Attach resumé.*** *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*](https://www.ioia.net/ethics.html)*.*

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

* Formal basic inspector training.
* Training or experience in agriculture, processing, and/or trade.
* Review and approval by the IOIA Membership Committee.
* Completion of IOIA Membership Application.
* 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.

*About this form: once you open this file, please ‘save as’ with your last or surname first, e.g., Smith.insp.memb.app.2018*

Membership Level Requested: Inspector

**Please do not complete this application unless you meet the criteria for Inspector Member.**

**All other applicants should complete a Supporting Membership Application instead.**

Name: Click here to enter text.

Full Address: Click here to enter text.

Telephone: Home Click here to enter text. Business: Click here to enter text.

Fax: Click here to enter text. Email: Click here to enter text.

Date of Birth: Click here to enter text. Male  Female  Citizenship: Click here to enter text.

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

Native: Click here to enter text. Learned: Click here to enter text.

**Education Completed** *(type of degree, year, school)*: Click here to enter text.

**Occupation and Employment** (past 3 years): Click here to enter text.

**Organic Inspector Trainings Completed** *(check)*: Farm  Livestock  Processing

Date Training Organization Address Phone/Fax

Click here to enter text.

**Two Professional References** *(name, address, phone/fax number, email):* Click here to enter text.

**Briefly explain your interest and commitment towards organic production:** Click here to enter text.

**Briefly explain your interests and concerns in being a member of IOIA.** Click here to enter text.

**Approximate** number of **organic** inspections performed:   
Farm Click here to enter text. Livestock Click here to enter text. Processing Click here to enter text.

**Organic Inspection Experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Years(s)** | **Certification Agency** |  | **Year(s)** | **Certification Agency** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

**Farm:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cacao | Citrus | Coffee | Cotton | Field/row crops | Greenhouse |
| Grower groups | Herbs | Honey | Maple syrup | Mushrooms | Nuts |
| Rice | Small fruits | Spices | Sprouts | Sugarcane | Tea |
| Tobacco | Tree fruits | Tropical crops | Vegetables | Vineyard | Wildcrafting |
| Other: Click here to enter text. | | | | | |

**Livestock:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aquaculture | Beef | Bison | Dairy | Eggs | Goats | Hogs | Poultry | Sheep |
| Other: Click here to enter text. | | | | | | | | |

**Processes:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Baking | Bottling | Canning | Cooking | Decaffeination | Dehydration |
| Distillation | Egg cracking | Extruding | Flaking | Fermentation | Freezing |
| Fresh packing | Grain cleaning | Honey extraction | IQF | Hulling | Ginning |
| Juicing | Malting | Pasteurization | Milling | Oil extraction | Retail |
| Slaughtering | Textile process | Warehousing |  |  |  |
| Other: Click here to enter text. | | | | | |

**Processed Products:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Beer | Cereals | Chocolate | Coffee | Companion Pet Foods | Dairy Products | Flours |
| Masa | Multi-ingredient | Nut butters | Pasta | Purees | Sauces | Soup |
| Soy products | Spices | Sugar | Tofu | Vinegar | Wine |  |
|  |  |  | Vitamins/supplements | | Personal Body Care Products | |
| Other: Click here to enter text. | | | | | | |

**Write a brief personal statement about yourself that adds to the above information you would like printed in the Membership Directory.** Click here to enter text.

**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

**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 the 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.**



**About your signature - you have these options:**

1. *Fill out the form on your computer, print and sign.*
2. *Fill out the form on computer, sign on computer.* 
   1. *Once you have signed the form you cannot edit it further, this invalidates the signature.*
   2. *Click on the ‘X’, from the menu choose ‘sign’, then ‘ok’.*
   3. *If you choose this option you will need an image of your signature available to attach to the file, OR you can simply type in your name.*
   4. *Upon signing the form auto-saves as* ***Final*** *and you can just close the file. Do NOT ask to ‘save’ again.*

**Please make check or money order for $200.00 (US funds) annual membership dues payable to IOIA and send to:**

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

[**You can also pay with PayPal**](../../membership.html#joinnow)

**THANK YOU FOR YOUR SUPPORT!**

**Office use only:** Received by       Date       Amount Received         
Training Verified  Inspections Verified  Initial Members. Level

Member. Accept. Letter Mailed       Date to Members. Com.       Member. Accept. Letter Mailed