



International Organic Inspectors Association

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

406-436-2031 ioia@ioia.net <https://ioia.net>

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.

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.2027

Membership Level Requested: Inspector \$229.00 (US funds) ☐

Dues are annual – Monthly payment option is available

Inspector - Latin America and Asia \$62.00 (US funds) ☐

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

You can pay online. Please email us at ioia@ioia.net and ask for a payment invoice link. You can also send a check or money order in the appropriate amount in USD, payable to IOIA: IOIA, P.O. Box 6, Broadus, Montana, USA, 59317

First Name: Last Name:

Address: State/Province: Country: Postal Code:

Telephone: Mobile Home Business: Email:

Age level: 18-28 ☐ 29-38 ☐ 39-48 ☐ 49-58 ☐ 59-68 ☐ 69+ ☐ decline to state ☐

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):

	Date	Training	Organization	Address	Phone
Farm ☐	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Livestock ☐	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Processing ☐	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grower Group ☐	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Two Professional References (name, address, phone, email):

Reference 1:

Reference 2:

Approximate number of organic inspections performed:

Farm Livestock Processing

Organic Inspection Experience:

Year(s)	Certification Agency
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Year(s)	Certification Agency
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="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: <input type="text"/>					

Livestock								
Aquaculture ☐	Beef ☐	Bison ☐	Dairy ☐	Eggs ☐	Goats ☐	Hogs ☐	Poultry ☐	Sheep ☐
Other: <input type="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: <input type="text"/>					

Processed Products						
Beer ☐	Cereals ☐	Chocolate ☐	Coffee ☐	Companion Pet Foods ☐	Dairy Products ☐	Flours ☐
Masa ☐	Multi-ingredient Foods ☐	Nut butters ☐	Pasta ☐	Purees ☐	Sauces ☐	Soup ☐
Soy products ☐	Spices ☐	Sugar ☐	Tofu ☐	Vinegar ☐	Wine ☐	Vitamins/supplements ☐ Personal Body Care Products ☐
Other: <input type="text"/>						

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

Are you interested in serving on an IOIA Committee? Yes ☐ No ☐

Please check:

Board of Directors ☐ Accreditation ☐ Asia Pacific ☐ Bylaws ☐ Canadian ☐ Ethics ☐ Finance ☐ Fundraising ☐ Latin American ☐ Membership ☐ Policy Comment ☐ 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 have reviewed and support the IOIA’s Mission Statement and agree to follow the IOIA Code of Ethics and Code of Conduct. ☐

Signature

X

Date

How to sign:

- 1. **Sign by hand:** Complete the form on your computer, print it, and sign the printed copy.
- 2. **Sign electronically:** Complete the form on your computer, then insert an image of your signature following the 'X' or type your full name on the signature line.

Office use only:

Received by Date _____ Amount Received _____

Training Verified _____ Inspections Verified _____

Initial Members. Level _____ Member. Accept. Letter Mailed _____