**International Organic Inspectors Association**

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

Phone: (406) 436-2031 E-mail: ioia@ioia.net Web: [www.ioia.net](https://www.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*](https://www.ioia.net/ethics/)*.*

**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.2024*

Membership Level Requested:  **Inspector $220.00 (US funds)** [ ]

**Dues are annual –** [**Monthly payment option is available**](https://www.ioia.net/membership#inspmem) **Inspector - Latin America and Asia $60.00 (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 via our website, click here.**

**Or send check or money order in the appropriate amount payable to IOIA:**

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

Name: Click here to enter text.

Full Address: Click here to enter text.

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

Email: Click here to enter text.

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: 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 [ ]  Grower Group [ ]

Date Training Organization Address Phone

Click here to enter text.

**Two Professional References** *(name, address, phone, email):* 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 published 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 [ ]  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:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

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

1. *Fill out the form on your computer, print out and sign.*
2. *Fill out the form on computer, sign on computer.*
	1. *If you choose this option you will need an image of your signature available to insert on the signature line, OR you can simply type in your name.*

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

Member. Accept. Letter Mailed

**Thank you for**

**Your Support!**