



**International Organic Inspectors Association**  
P O Box 6, Broadus, Montana USA 59317-0006  
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## INSPECTOR MEMBERSHIP APPLICATION

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

**Dues are annual – [Monthly payment option is available](#)**

**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**

***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.2024**

Name:

Full Address:

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):** 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 <input type="checkbox"/>	Citrus <input type="checkbox"/>	Coffee <input type="checkbox"/>	Cotton <input type="checkbox"/>	Field/row crops <input type="checkbox"/>	Greenhouse <input type="checkbox"/>
Grower groups <input type="checkbox"/>	Herbs <input type="checkbox"/>	Honey <input type="checkbox"/>	Maple syrup <input type="checkbox"/>	Mushrooms <input type="checkbox"/>	Nuts <input type="checkbox"/>
Rice <input type="checkbox"/>	Small fruits <input type="checkbox"/>	Spices <input type="checkbox"/>	Sprouts <input type="checkbox"/>	Sugarcane <input type="checkbox"/>	Tea <input type="checkbox"/>
Tobacco <input type="checkbox"/>	Tree fruits <input type="checkbox"/>	Tropical crops <input type="checkbox"/>	Vegetables <input type="checkbox"/>	Vineyard <input type="checkbox"/>	Wildcrafting <input type="checkbox"/>
Other: Click here to enter text.					

**Livestock:**

Aquaculture <input type="checkbox"/>	Beef <input type="checkbox"/>	Bison <input type="checkbox"/>	Dairy <input type="checkbox"/>	Eggs <input type="checkbox"/>	Goats <input type="checkbox"/>	Hogs <input type="checkbox"/>	Poultry <input type="checkbox"/>	Sheep <input type="checkbox"/>
Other: Click here to enter text.								

**Processes:**

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

**Processed Products:**

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

**Thank you for  
Your Support!**

<b>Office use only:</b> Received by	Date	Amount Received
Training Verified <input type="checkbox"/>	Inspections Verified <input type="checkbox"/>	Initial Members. Level
Member. Accept. Letter Mailed		