



## 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](#).

**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.

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.**

Full Name:

Full Address:

Telephone: Home

Business

Fax:

Email:

Date of Birth:

Gender: Male

Female

Citizenship:

**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

Date

Training Organization

Address

Phone/Fax

**Briefly explain your interest and commitment towards organic production:**

**Briefly explain your interests and concerns in being a member of IOIA.**

Approximate number of **organic** inspections performed: Farm                  Livestock                  Processing

**Organic Inspection Experience:**

Years(s)                  Certification Agency                  Year(s)                  Certification Agency

**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:					

**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:								

**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:					

**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"/>	Soups <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:						

**Two Professional References (name, address, phone/fax number, email):**

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

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please use Adobe Reader's Fill & Sign feature to add your signature here.)*

The annual membership dues of \$200 (US) is payable via PayPal. Please [follow this link](#) to our website; the renewal button to start a secure PayPal transaction is at the bottom of the page.

You can also make payment via check or money order, payable to IOIA. Please send to:

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

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