



# International Organic Inspectors Association

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

Phone/Fax: (406) 436-2031

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## SUPPORTING MEMBERSHIP APPLICATION

*Choose Membership Level:* Individual - \$145/year  Business/organization - \$210/year  Certification Agency - \$520/year  Patron - \$1000/year  Sustainer (\$5000/year)

*Please print or fill out on your computer. Information from this form may be used in the IOIA Annual Membership Directory. Please read the [IOIA Code of Ethics and Code of Conduct](#).*

Name  Click here to enter text. Organization/business  Click here to enter text.  
Address  Click here to enter text. City  Click here to enter text.  
State/Province  Click here to enter text. Country  Click here to enter text.  
Zip/Postal Code  Click here to enter text. Telephone  Click here to enter text.  
Fax  Click here to enter text. Email  Click here to enter text.

*For Supporting Individual/Business/Organization/Patron Membership Levels.*

***Certification agencies should fill out the other side of this application.***

*If you are an individual representing a regional certification agency, please fill out the Certification Agency section also.*

1. Write a brief statement about your interests/business/organization for the Membership Directory.  Click here to enter text.
2. Type of business or organization  Click here to enter text.
3. List organic products and/or services  Click here to enter text.
4. Briefly explain your interest in being a supporting member of IOIA  Click here to enter text.
5. How can IOIA help you?  Click here to enter text.

Office Only: Received by Whom _____ Date _____ Dues Received _____ Amount _____ Sent to Membership Committee _____ Membership Acceptance Letter Mailed _____ Membership Category: _____
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**Certification Agency Membership Level.**

*Please attach supporting information (organic standards, inspection manual/policies).*

- 1. Inspection Coordinator and how to contact (if different from above) [Click here to enter text.](#)
- 2. What geographic areas does your certification program cover? [Click here to enter text.](#)
- 3. Is your certification program IFOAM accredited? Yes  No
- 4. Is your certification program accredited by any other organization/governmental body?  
Yes  No  If yes, the name is [Click here to enter text.](#)
- 5. Approximately how many farms/livestock operations are currently certified by your program?  
[Click here to enter text.](#)
- 6. Approximately how many processing operations are currently certified by your program? [Click here to enter text.](#)
- 7. Are your inspectors employees or independent contractors? [Click here to enter text.](#)
- 8. Do you provide inspector training? Yes  No  If yes, please describe [Click here to enter text.](#)
- 9. How would a potential inspector be hired by your agency? [Click here to enter text.](#)
- 10. Briefly explain your interest in being a supporting member of IOIA [Click here to enter text.](#)

**Enclosed is my check, payable to IOIA, in the amount of \$**[Click here to enter text..](#)

I hereby attest that all the above and attached information is true and accurate. I support IOIA's Mission Statement and agree to follow IOIA's Code of Ethics and Code of Conduct. In the event of a dispute, the venue for resolution will be in Montana.

Signature [Click here to enter text.](#) Date [Click here to enter text.](#)

Please make check/money order for US funds payable to  
International Organic Inspectors Association (IOIA)  
and send to: IOIA, P.O. Box 6, Broadus, Montana, USA 59317

**THANK YOU FOR YOUR SUPPORT!**

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