



Independent Organic Inspectors Association

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

Phone/Fax: (406) 436-2031 E-mail: ioia@ioia.net Web: www.ioia.net

INSPECTOR MEMBERSHIP APPLICATION

Please print or type. Attach resume. 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.
- Experience or training in inspection of organic farming, food 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 (circle):** 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
_____	_____	_____	_____
_____	_____	_____	_____

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

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:

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

Type of Inspections Performed (circle):

Farm: Cacao Citrus Coffee Cotton Field Crops/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: _____

Livestock: Aquaculture Beef Bison Dairy Eggs Goats Hogs Poultry Sheep

Other: _____

Processes: Baking Bottling Canning Cooking Decaffeination Dehydration Distillation
Egg cracking Extruding Fermentation Flaking Freezing Fresh packing Hulling
Ginning Grain cleaning Honey extraction IQF Juicing Malting Milling
Oil extraction Pasteurization Retail Slaughtering Textile process Warehousing

Other: _____

Processed Products: Beer Cereals Chocolate Coffee Companion Pet Foods Dairy Products
Flours Masa Multi-ingredient Nut butters Pasta Purees
Sauces Soups Soy products Spices Sugar Tofu Vinegar
Wine Vitamins/supplements Personal Body Care Products

Other: _____

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
- () Communications () Editorial Review () Finance () Fundraising
- () Latin American () Membership () Training
- () Inspector Compensation/Working Conditions

IOIA will list your contact information in our Hard Copy and On-Line Membership Directories unless we have written instructions not to. Please notify us if you do not want to be listed.

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 make check or money order for \$150.00 (US funds) annual membership dues payable to IOIA and send to:

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

1/13/04 Office use only: 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. _____ Initial Members. Level _____ Member. Accept. Letter Mailed _____

THANK YOU FOR YOUR SUPPORT!