



# 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

## SUPPORTING MEMBERSHIP APPLICATION

Choose Membership Level: Individual (\$100/year) _____ Business/organization (\$125/year) _____ Certification Agency (\$275/year) _____ Patron (\$500/year) _____ Sustainer (\$1,000/year) _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Please print or type. 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** \_\_\_\_\_ **Organization/business** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**State/Province** \_\_\_\_\_ **Country** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

*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.

\_\_\_\_\_

2. Type of business or organization \_\_\_\_\_

3. List organic products and/or services. \_\_\_\_\_

\_\_\_\_\_

4. Briefly explain your interest in being a supporting member of IOIA. \_\_\_\_\_

\_\_\_\_\_

5. How can IOIA help you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Enclosed is my check, payable to IOIA, in the amount of \$ \_\_\_\_\_.**

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** \_\_\_\_\_ **Date** \_\_\_\_\_

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

*Certification Agency Membership level. Please attach supporting information (organic standards, inspection manual/policies).*

1. Inspection Coordinator and how to contact (if different from above) \_\_\_\_\_

\_\_\_\_\_

2. What geographic areas does your certification program cover? \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

5. Approximately how many farms/livestock operations are currently certified by your program? \_\_\_\_\_

6. Approximately how many processing operations are currently certified by your program? \_\_\_\_\_

7. Are your inspectors employees or independent contractors? \_\_\_\_\_

8. Do you provide inspector training? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

9. How would a potential inspector be hired by your agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Briefly explain your interest in being a supporting member of IOIA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

Office Only: Received by Whom \_\_\_\_\_ Date \_\_\_\_\_ Dues Received \_\_\_\_\_ Amount \_\_\_\_\_

Sent to Membership Committee \_\_\_\_\_ Membership Acceptance Letter Mailed \_\_\_\_\_

Membership Category: \_\_\_\_\_