



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 (\$135/year)\_\_\_\_\_ Business/organization (\$200/year)\_\_\_\_\_  
Certification Agency (\$500/year) \_\_\_\_\_ Patron (\$1000/year)\_\_\_\_\_ Sustainer (\$5,000/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

Office Only: Received by Whom \_\_\_\_\_ Date \_\_\_\_\_ Dues Received \_\_\_\_\_ Amount \_\_\_\_\_  
Sent to Membership Committee \_\_\_\_\_ Membership Acceptance Letter Mailed \_\_\_\_\_  
Membership Category: \_\_\_\_\_

*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!**