



MEMBERSHIP APPLICATION
The United Council
ANCIENT ORDER OF FREE GARDENERS
Instituted 2025



Applicant Information

Full Name:

Mailing Address:

Phone Number:

Email Address:

Date of Birth:

Occupation:

Marital Status:

Are you a member of any other fraternal organization(s)? *[list below]*

Are you, or have you previously been, a member of any other Free Gardener organization?:

☐

YES

☐

NO

If yes, please list lodge name and affiliation: *(i.e. Cenhinen Lodge #20, IOFG)*

Why do you want to join the Ancient Order of Free Gardeners?

Declaration

I declare that the information provided in this application is true and accurate.

Signature:

Date:

For Council Use Only

Chairman:

Date:

Secretary General:

Date:

Application Status: ☐ Approved ☐ Denied ☐ Deferred