



# Circle of Friends

The Juliette Gordon Low Birthplace  
Museum Membership Group

## Annual Individual Membership Application

Please select your desired membership level and fill in the details below.

### Member Information

Title (Ms./Mrs./Miss/Dr./Mr.): \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Membership Levels

Please check the appropriate box for your desired membership level.

☐ **Level 1**

*\$60 per individual*

*\$100 per family\**

- ☐ Free admission during membership year
- ☐ Circle of Friends pin for adults upon request (1st year)
- ☐ Monthly newsletter

☐ **Level 2**

*\$150 per individual*

*\$200 per family\**

- ☐ All Level 1 benefits
- ☐ Opportunity to purchase a Savannah Salon membership
- ☐ 2 guest tickets per year

☐ **Level 3**

*\$500 per individual*

*\$600 per family\**

- ☐ All Level 1 benefits
- ☐ Opportunity to purchase a Savannah Salon membership
- ☐ 4 guest tickets per year
- ☐ On-site donor wall recognition
- ☐ Gift membership for a friend or young alum
- ☐ Behind the scenes tours of season programming with other COF members
- ☐ 10% event rental discount
- ☐ 10% store discount
- ☐ Invitation to purchase triennial Homecoming tickets



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☐ **Level 4**

*\$1,000 (includes  
family)*

- All Level 1 benefits
- Opportunity to purchase a Savannah Salon membership
- 20 guest tickets per year
- On-site donor wall recognition
- Gift membership for a friend or young alum
- Private behind the scenes tours of season programming
- 15% event rental discount
- 10% store discount
- Complimentary Annual Homecoming tickets

\*Family includes a couple and children who still live in their home.

## Additional Gift Information (Optional)

☐ I prefer to make this donation anonymously ☐ I would like to receive a Circle of Friends Pin

☐ This gift is (circle one) In Memory Of / In Honor Of \_\_\_\_\_

☐ Please notify (name, email, and physical address)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_

## Payment Information

Method of Payment: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover ☐ Check

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, mail this form to:  
Juliette Gordon Low Birthplace Museum  
Circle of Friends  
142 Bull Street  
Savannah, GA 31401