



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 necessary details below.

Member Information

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

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I would like to receive news and events concerning the Birthplace. ☐ YES ☐ NO

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

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

☐ Please notify (name and 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: Girl Scouts of the USA
Juliette Gordon Low Birthplace Museum
Circle of Friends
142 Bull Street
Savannah, GA 31401