



Carpenter Center – Membership Application

MEMBER INFORMATION

Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

MEMBERSHIP TYPE (Select One)

- Youth (Under 25) — \$15/month or \$150/year
 - Adult (25+) — \$30/month or \$300/year
 - Senior — \$20/month or \$200/year
 - Senior Couple — \$25/month or \$250/year
 - Military — \$18/month or \$180/year
 - Family — \$60/month
-

PICKLEBALL OPTIONS (Optional Add-On)

- Pickleball Access — \$5/month
- Pickleball Access — \$55/year (Best Value)
- None

SEASONAL PICKLEBALL PROGRAM (SEPARATE REGISTRATION)

- Pickleball Seasonal Program — \$180 (9 months structured access)

(Not included in membership discounts or add-ons)

MEMBERSHIP BENEFITS (AUTOMATIC – NOT SELECTED)

- Military discount applies to membership rate only
- 15% off youth programs (Family Membership only)
- Member pricing for facility events

PAYMENT POLICY (IMPORTANT)

Memberships are billed monthly unless paid annually

Payments are due at the beginning of each billing cycle

A \$10 late fee will be applied if payment is more than 5 days past due

Membership access may be paused until balance is paid

WAIVER

The undersigned hereby releases Scottsbluff County Housing Authority, City of Terrytown, Terry & Hazeldeane Carpenter Intergenerational Center and the Board of Directors of each such organization from any and all claims, demands, damages, and actions that might arise out of the use of the facilities, premises, programs and equipment. This release form covers the undersigned, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing. I and all others I am signing for, including all minors, are physically sound and medically approved to participate in all activities at the Carpenter Center. I and all others I am signing for, including all minors, agree to abide and obey all rules of the Carpenter Center.

Signature: _____ Date: _____

DISCOUNTS (STAFF USE ONLY)

- Military Rate Applied
- Promo (Manager Approval Required)
- None

Staff Initials: _____

PAYMENT (STAFF ONLY)

Payment Type: Cash Check Card

Membership Confirmed: Yes No

Notes: _____