



OLD HUDSON PLANTATION

**299 SKEET ROAD, SPARTA, GA 31087
706-467-9345**

OHP@HENRYHUDSONCOMPANY.COM

Individual Membership Application

Name: _____ **Date:** _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Home Phone: _____ **Cell Phone:** _____

Individual Membership Benefits

Annual Dues	All shooting Venues
\$250	Member Rates

Individual Membership Agreement Terms

I am applying for membership at Old Hudson Plantation Shooting Preserve. I understand this membership of \$250.00 annually, is non-refundable. I further understand that I may resign the Membership upon thirty (30) days advance written notice to Old Hudson Plantation Shooting Preserve. The effective date of my resignation shall be the date that Old Hudson Plantation Shooting Preserve receives my written notice and I will pay all accrued dues and or charges, if any, or other liabilities owed to Old Hudson Plantation Shooting Preserve. I understand that I may not offset dues or charges against the membership fee and the membership is not transferable. I agree that acceptance of me as a member of Old Hudson Plantation Shooting Preserve does not confer on me any ownership, proprietary rights, first refusal rights or other interest in Old Hudson Plantation Shooting Preserve, or its assets.

As a member of Old Hudson Plantation Shooting Preserve, I agree to abide by and be subject to the terms of this Application and Rules and Regulations, which are incorporated therein by this reference, as they currently exist and as they may be amended from time to time. I understand and agree that my membership may be suspended or terminated, and I may be fined or have other fees or sanctions imposed, at any time, for violation of the terms and provisions of the Rules of Conduct, as they may be amended from time to time. I further understand that my membership will be conditioned upon my compliance with the Safety Rules and will be subject to the rights of Old Hudson Plantation Shooting Preserve continued thereon. I understand that such membership may be denied for any reason whatsoever, or without reason, in the sole discretion of Old Hudson Plantation Shooting Preserve. I understand that as a matter of policy, Old Hudson Plantation Shooting Preserve does not approve or reject applications for membership based on race, creed, color, religion, sex or national origin.

I further agree and acknowledge that any guest invited at my discretion will be required to complete an individual liability waiver and safety acknowledgment form PRIOR to shooting or as a spectator at Old Hudson Plantation Shooting Preserve.

Signature _____ **Date** _____

Paid: _____ **Method:** Cash _____ Check # _____ Credit Card _____