Member Service Requirement Reporting Form

Please print this form and attach all documentation RETURN TO YOUR SECTION OFFICE FOR APPROVAL

FILL IN THE INFORMATION BELOW:

Member Name:	
Member Number:	
Event Name:	
Start Date:	End Date
Time Start:	_ End Time:
Agenda Attached: YES	Letter of Verification Attached: YES
Member Signature:	
Date:	
* For Section Use Only	
Please attach either the event agenda or letter event:	of verification from the individual(s) hosting the
Section's Official Signature	
Date:	
MSR Activity Code:	Number of MSR Hours:
Fax to (561) 624-8439 or Email: Tammy Bishop <u>TABishop@pgahq.com</u> or Michelle Amigo <u>MAmigo@pgahq.com</u>	