

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: _____

Event Location: _____

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 of verification from the individual(s) hosting the event:

Section's Official Signature _____

Date: _____

MSR Activity Code: _____ Number of MSR Hours: _____

Fax to (561) 624-8439 or Email: Tammy Bishop TABishop@pgahq.com or
Michelle Amigo MAmigo@pgahq.com