

# Member Service Requirement Reporting Form

Please print this form and attach all documentation

## 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: [msr@pgahq.com](mailto:msr@pgahq.com)