

# 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](mailto:TABishop@pgahq.com) or  
Michelle Amigo [MAmigo@pgahq.com](mailto:MAmigo@pgahq.com)