

Member Service Requirement Reporting Form

FILL IN THE INFORMATION BELOW:

Member Name: _____

Member Number: _____

Event Name: _____

Event Location: _____

Start Date: _____

End Date: _____

Time Start: _____

Time End: _____

Please attach either the event agenda or letter of verification from the individual(s) hosting the event:

Agenda Attached: YES NO

Letter of Verification Attached: YES NO

Member Signature _____

Date _____

FILL OUT THIS FORM COMPLETELY WITH DOCUMENTATION INCLUDED AND RETURN TO YOUR SECTION OFFICE FOR APPROVAL.

Section's Official Signature _____

Date _____

MSR Event/Activity Code _____

Fax or Email To: Tracie Warner or Doug Evans, Fax number
1-518-438-8670

twarner@pgahq.com or devans@pgahq.com
