



PGA

Connecticut Section

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:

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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 (860) 430-5612 or Email: Sue Bell sbell@pgahq.com