



## The P.E.O. Record Subscription Form

Please provide the following information. All fields are required to properly process a new subscription.

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### This subscription is for:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Subscription Type (check one): ☐ Inactive Member (\$10/year) ☐ Nonmember (\$20/year)

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### If a gift, this subscription is from: (select one)

☐ Individual

☐ Chapter

Name: \_\_\_\_\_ Chapter Letters: \_\_\_\_\_

Billing Address: \_\_\_\_\_ State/Province/District Chapter: \_\_\_\_\_

City: \_\_\_\_\_ Chapter Contact Name: \_\_\_\_\_

State/Province: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Please allow 8 weeks for processing new subscriptions.

Subscription fees are billed annually.

Enclose check made payable to **P.E.O. International**.

Send completed form and payment to: P.E.O. Executive Office  
Attn: Communications Assistant  
3700 Grand Avenue  
Des Moines, IA 50312

If you have questions about your subscription, please contact us at 515-255-3153 or [commassist@peodsm.org](mailto:commassist@peodsm.org).