

INGLOT Professional Membership Discount Program Application

NAME:	
ADDRESS:	CITY:
	POSTAL CODE:
EMAIL:	TELEPHONE:
By submitting this application, you agree to: - receive newsletters and other information from INGLOT be notified about current events, seasonal trends, and promotions allow INGLOT to contact me via phone or email.	
I have made the payment for the \$49	(plus tax) annual fee.
I have included a copy of a valid, Canadian, government-issued ID.	
Professional Credentials:	
I have included the following Proof of Industry:	
Professional Membership Card from other makeup programs	
License or diploma from an accredited school of cosmetics	
Magazine tear sheet with nam	e credit
Reel with name credit	
Union Membership card	
Makeup Artist business card	
Student ID from an accredited school of cosmetics	
Enrolment Documentation	
INGLOT reserves the right to require additional emailed credentials will be destroyed after you. INGLOT reserves the right to reject any Discount cannot be combined with any other	y application for any reason. The PRO
SIGNATURE: (PRINT NAME)	DATE: