

## MAKEUP ARTIST

30% DISCOUNT VALID FOR TWO YEARS

\* CURRENTLY AVAILABLE TO US BASED ARTISTS

## FOR MAKEUP ARTISTS WORKING IN THE FOLLOWING CAPACITIES:

BRIDAL • AGENCY • FILM/TV/THEATER • INDUSTRY FREELANCE

I AM:  A NEW APPLICANT  RENEWING MY MEMBERSHIP # \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GENDER:  M  F BIRTHDAY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TWITTER: \_\_\_\_\_ FACEBOOK: \_\_\_\_\_

INSTAGRAM: \_\_\_\_\_ YOUTUBE CHANNEL: \_\_\_\_\_

**PLEASE SUBMIT VALID PHOTO ID WITH ENROLLMENT AGREEMENT WITH MAKEUP SCHOOL (DRIVERS LICENSE OR GOVERNMENT ISSUED)**

### PLUS (2) OF THE FOLLOWING:

\*ALL CREDENTIALS MUST BE CURRENT WITHIN THE CURRENT SEMESTER

Magazine Tear Sheet with Name Credit • Agency Comp Card • Makeup Artist Business Card • Union Card • Crew/call list from a production company with letterhead • Professional license • Youtube Channel with at least 1000 views per post within 30 days of post. You must post regularly

### WHICH OF THESE AREAS IS YOUR SPECIALTY WITH REGARD TO MAKEUP ARTISTRY?

PRIMARY SPECIALTY (CHECK ONE)	SECONDARY SPECIALTY (CHECK ONE)	OTHER (CHECK ALL THAT APPLY)	SPECIALITIES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retail sales and events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Studio (commercial or editorial photo shoots)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High-profile special events (celebrity award shows, fashion shows)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Everyday special events (weddings)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Television/film/Internet Vlogging
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special effects

**ARE YOU INTERESTED IN WORKING SPECIAL EVENTS WITH MADEMOISELLE LASH IF THERE IS EVER A NEED IN YOUR AREA?**  YES  NO

By signing below, I acknowledge that I have read and agreed to the program policies and eligibility & credential requirements of the Mademoiselle Lash Artist Membership Program.

This can be found at: [www.mademoisellelash.com/artist](http://www.mademoisellelash.com/artist)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_