

### MAKEUP STUDENT

15% DISCOUNT VALID FOR ONE YEAR (NON-RENEWABLE)

\* CURRENTLY AVAILABLE TO US BASED ARTISTS

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 CURRENT SYLLABUS (DRIVERS LICENSE OR GOVERNMENT ISSUED)

SCHOOL NAME: \_\_\_\_\_

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

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

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

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

CERTIFICATION TYPE:      ☐ CERTIFICATE      ☐ DIPLOMA

LENGTH OF COURSEWORK: \_\_\_\_\_ EXP DATE OF GRADUATION: \_\_\_\_\_

**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 eligibilty & credential requirements of the Mademoiselle Lash Artist Membership Program.

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

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