

Subscribe By Mail Option



To print this form, click on the printer icon located in the upper right-hand corner of this pop-up box. Please complete the below fields:

Full Name: _____

Email Address: _____

Preferred Username*: _____

Preferred Password**:

*Usernames cannot be changed after creation.

**Minimum of 8 characters

My check/money order in the amount of \$19.95 USD is enclosed.
(Please make payable to Winks & Blinks LLC)

Mail this completed form, along with your payment, to:

My Eyeshadow Consultant
Attn: New Member
235 Apollo Beach Blvd., #214
Apollo Beach, FL 33572

Once your payment has cleared, we will send your log-in information to the email address you've provided above. Your membership will expire one year from the date log-in is granted.

If you have any questions or would like to check the status of your application at any time, you're welcome to email:

Membership@MyEyeshadowConsultant.com