

# Subscribe By Mail Option



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

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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**  
**P.O. Box 284**  
**Ellenton, FL 34222**

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](mailto:Membership@MyEyeshadowConsultant.com)

Thank you for your business!