Paint and Powder Cosmetics PRO Artist Advantage Program and Student Status Benefit Program

All applicable fields must be filled out completely below. We will not contact you for any missing information; it is your responsibility to provide a completed application along with the required documentation. Failure to do so will result in your application being rejected.

First Name	Middle	Last Na	Last Name	
Email Address				
Street Address				
City	State		Postal Code	
Country	Phone	Phone Number:		
l am applying fo	r the PRO Artist Adva	antage Program		
Company/Business Nar	ne			
Company/Business Loc	ation: City	State	Phone	
Country	Phone	e Number		
Business Website Addr	ess			
I will submit a copy of th	ne following documents	checked below, and	ONE from each category:	
Category A: Copy of Ph State Issued/Curr Federal Governm State Issued/Curr Official Employe	rent Driver's License nent Issued/Current ID rent Identification Card	rd		
Category B: Copy of ONUnion Card	·			
	tate Board issued Cosr vith credits as a makeu	p or hair stylist	an license and dated within the last 12	
Published print ad information, NOT in print on newss	tands	vith the credited phot agazines are not acc		

are not accepted I am applying for the Student Status Benefit Program Name of School School Location: City_____ State____ Phone:_____ School Website Address I am a current student I am a graduate with a diploma/certificate of completion I will submit a copy of the following documents checked below, and ONE from each category: Category A: Copy of Photo ID: State Issued/Current Driver's License Federal Government Issued/Current ID State Issued/Current Identification Card Official Employer Issued/Current ID Card Category B: Copy of ONE of the following: A copy of your enrollment papers with a recognized professional makeup school, esthetics school, or cosmetology school. ___A copy of your current makeup school, esthetics school, or cosmetology school ID A copy of your completion/graduation certificate from a recognized makeup school, esthetics school, or cosmetology school. _____ A letter from your school administrator (on school letterhead) that you are/were a student at their institution. I certify that the above information is true and correct. I hereby agree to the terms, conditions, regulations, and rules set forth in apply and accepting membership into the Pro Artist Advantage Program or Student Status Benefit Program. I understand that once I am accepted, any violation on my behalf to the stated terms, conditions, regulations, and rules set forth in these programs is cause for my immediate termination from the program. I understand that any information I provide (on this application and supporting documents) will be held strictly private and secure, and will not be shared, sold or revealed to any party outside of Paint and Powder Cosmetics whatsoever. I understand that my email information will be stored on a list to receive occasional exclusive offers and additional program benefits and updates from Paint and Powder Cosmetics only. I understand the Pro Artist Advantage Program or Student Status Benefit Program is subject to change or termination at any time and without further notice. Date of Application Signature

TV, or Print circulation. Social networking sites, blogs, or community board profile/listings

You must sign this application personally. Electronic Signature stamps will NOT be accepted. Your signature on this application will be matched to the signature on the ID card.