

The New Media Caucus Membership Application

Please read and complete all sections of the application.

Benefits of the New Media Caucus

New Media Caucus members:

- Shall receive all WGAw mailings and communications, including *Written By*, *WGAw Member News*, the *WGAw Membership Manual* and its periodic updates.
- Shall be eligible to create a listing in the online Directory of New Media Writers.
- May serve on the New Media Caucus Steering Committee and certain other WGAw committees as designated by the Board of Directors.
- May use the WGAw Script Registration Service at a reduced rate.
- May join the WGAw Film Society subject to availability.
- Can become members of the Inter-Guild Federal Credit Union or its successor subject to the discretion of that entity's governing body and may be entitled to participate, if otherwise eligible, in any employment access program administered by the WGAw Human Resources Department
- May be eligible for participation in the WGA self-pay health insurance *WritersCare* provided through CIGNA. The program is administered through The Entertainment Industry Group Insurance Trust (TEIGIT).

New Media Caucus membership **does not** provide the right to vote in WGAw elections, to run for office or to attend WGAw membership meetings for the Writer's Guild of America, west Inc.

Eligibility Requirements

Applicants must meet one (1) of the following criteria to be eligible for the New Media Caucus.

1. Sold written material that has been produced on but not limited to a CD ROM, video game, virtual reality program, or other such moving image content created exclusively for the Internet.
2. Has been employed to write a design document or any other new media material, which in the judgment of the Media Writers Caucus Steering Committee is equivalent to writing a thirty (30) minute television script.
3. Has been contracted to write interactive or made-for-internet material under a WGA Agreement.

Each applicant must submit a copy of the written materials in connection with the eligibility requirements.

Exceptions to the above requirements will be considered on a case-by-case basis.

Members of the New Media Caucus Steering Committee will review each application. Please note, any submitted material will not be returned. Upon review the New Media Caucus Steering Committee will recommend to the WGAw Board of Directors those writers eligible for New Media Caucus membership. Please allow 3-4 weeks to process your application.

If you are or were contracted to write material that has not yet been produced, please contact the WGAw Organizing Department (323) 783-4511 for further instructions.

Eligibility Requirements (cont.)

Please check that which best describes your New Media material submitted for review.

- CD-ROM Video Game
 Website Made for Internet
 Other (please describe): _____

Date produced (year): _____

Game or Production Company Name: _____

Project Title: _____

Website Link: _____

Who can verify your participation?

Name: _____

Phone: (_____) _____

Email: _____

Applicant Data

The following information is for WGAw use only. **Please type or print.**

Social Security Number: _____ - _____ - _____

Professional Name: _____

Last

First

Middle Initial

Legal Name: _____

Last

First

Middle Initial

Pseudonym: _____

Last

First

Middle Initial

Home Address: _____

Street Only – NO P.O. Box

Apt. Number

City

State

Zip

Preferred Mailing Address: _____

If same as home – write same

Home Phone: (_____) _____ Confidential: Yes No

Message Phone: (_____) _____ Confidential: Yes No

Fax Number: (_____) _____ Confidential: Yes No

Email: _____ Confidential: Yes No

Please check the following if you are currently a member of

- WGAwest SAG IATSE Local 700 (Editors WGAw)
 WGAeast AFTRA IATSE Local 600 (Camera WGAw)
 DGA Other: _____

Applicant Data (cont.)

Please check the following if you are currently a member of:

- | | | |
|---|---|---|
| <input type="checkbox"/> WG Great Britain | <input type="checkbox"/> WG New Zealand | <input type="checkbox"/> SARDEC (French Canada) |
| <input type="checkbox"/> WG Australia | <input type="checkbox"/> WG Canada | <input type="checkbox"/> Other: _____ |

Equal Employment Opportunity Information

The following information is optional. However, we strongly encourage you to complete this section, as the information allows us to accurately assess our programs to promote balanced hiring policies. This information is held confidential.

Date of Birth: _____ / _____ / _____
Month Day Year

Sex: Male Female

Race or Ethnic Background:

- | | | |
|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Other Spanish Surname |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Eskimo/Aleutian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Latino/Hispanic | |

Agency & Personal Representative Information

Please complete the following. *This information will remain on file until we receive written notice to change such information.*

Does an agent represent you? Yes No

If yes, is your representation agreement: Written Oral

Please note, the WGAw encourages all representation agreements to be in writing and signed by both parties.

Agent Name: _____

Agency: _____

Address: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Agency & Personal Representative Information (cont.)

Does a Personal Manager, Business Manager, or Attorney represent you? Yes No

If yes, is your representation agreement: Written Oral

Please note, the WGAw encourages all representation agreements to be in writing and signed by both parties.

Representative Name: _____

Business Name: _____

Address: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Many requests to contact members are received by the WGAw. Because WGA policies preclude us from releasing personal information (unless given permission to do so), it is assumed that you want your calls to be referred to your representative(s).

If you do not have an agent or do not want your calls referred to your agent, please indicate below to whom you would like inquiries to be directed. ***If you would like to be contacted directly please write self.***

Name: _____

Title: _____

Phone: (_____) _____

Service Fee

Please select one of the following payment options:

Check Credit Card

Checks – Please make checks payable to Writers Guild of America, west, Inc., in the amount of Seventy-Five Dollars (\$75) for the first annual service fee with this application.

Credit Cards - Upon final qualification for New Media Caucus membership, I authorize the Writers WGAw of America, west, Inc. to charge Seventy-Five Dollars (\$75) for the first annual service fee with this application to my

MASTER CARD Account _____ Exp. Date ____/____

VISA Account _____ Exp. Date ____/____

Print Name (as it appears on credit card): _____

Signature (as it appears on credit card): _____

FOR OFFICE USE ONLY

Date: ____ / ____ / ____

To: WGAw Finance Department

From: WGAw Organizing Department

Authorization Number: _____

Batch Number: _____ Accepted/Declined: _____