



Nonfiction Writers Caucus

Benefits of the Nonfiction Writers Caucus

Nonfiction Writers Caucus members:

- Shall receive all WGAW mailings and communications, including *Written By*, *WGAW Member News*, the *WGAW Membership Manual* and its periodic updates.
- May serve on the Nonfiction Writers 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 self-pay health insurance plan *WritersCare* provided through CIGNA. The program is administered through The Entertainment Industry Group Insurance Trust (TEIGIT).

Nonfiction Writers 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 Nonfiction Writers Caucus.

1. Have written the equivalent of at least one half-hour of produced Nonfiction programming (or segments that add up to at least one half-hour) on which the writer was credited or can demonstrate that they performed the writing services.
2. Have had Nonfiction writing employment of at least six weeks duration.

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 Nonfiction Writers Caucus Steering Committee will review each application. Please note, any submitted materials will not be returned. Upon review the Nonfiction Writers Caucus Steering Committee will recommend eligibility for Nonfiction Writers 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 Nonfiction material submitted for review.

- Teleplay
- Screenplay
- Other (please describe): _____

Date produced (year): _____

Studio or Production Company: _____

Project Title: _____

Network where show first aired: _____

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

- WGA West
- SAG
- IATSE Local 700 (Editors WGAW)
- WGA East
- AFTRA
- IATSE Local 600 (Camera WGAW)
- DGA
- Other: _____

Applicant Data (cont.)

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

- WG Great Britain WG New Zealand SARDEC (French Canada)
 WG Australia WG Canada 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:

- African American/Black Caucasian/White Other Spanish Surname
 American Indian Eskimo/Aleutian Other: _____
 Asian/Pacific Islander 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 One Hundred Dollars (\$100) for the first annual service fee with this application.

Credit Cards - Upon final qualification for Nonfiction Writers Caucus membership, I authorize the Writers Guild of America, west, Inc. to charge One Hundred Dollars (\$100) for the first annual service fee with this application to my

MASTERCARD 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: _____	