



Return completed form to:
WGAW Independent Film
Writers Guild of America, West, Inc.
7000 West Third Street
Los Angeles, CA 90048

Questions? (323) 782-4731
indie@wga.org

Your Signature _____ **Date** _____

Please Print Your Name _____

The WGAW Independent Writers Caucus (IWC) Membership Eligibility Requirements are set forth below:

1. Completed application: Please read carefully and fill out all sections of the application, including requested signature on this page.
2. Service Fee: The annual service fee for IWC members is One Hundred Dollars (\$100). Please supply your credit card information on Page 5 or attach a check payable to the Writers Guild of America, West, Inc. The service fee is waived for WGAW members in current-active standing.
3. Rights and Obligations of Independent Writers Caucus (IWC) Members:
IWC members may receive Guild mailings, communications, and WGAW publications; receive invitations to IWC-related events; serve on certain Guild committees as designated by the Board of Directors; use the Guild’s Script Registration Service at the reduced rate for Guild members; attend Guild screenings at the WGA theater, subject to the annual availability of this program; become members of the Musicians’ Interguild Credit Union or its successor subject to the discretion of that entity’s governing body; be entitled to participate, if otherwise eligible, in any employment access program administered by the Guild. IWC members shall grant to the Guild exclusive authority to claim for their benefit any royalty, payment or remuneration of any kind attributable to writing services rendered under a collective bargaining agreement to which the Guild is a party.

Independent 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 Writers Guild of America, West, Inc.

4. **Minimum Requirements – Please read carefully:**
All applicants must be residents of the United States and must have fulfilled at least one of the four eligibility criteria (listed on Page 2) within a five-year period from the date the application is received at the WGAW offices. In addition, a full-length narrative screenplay must be submitted with the IWC application. Please only submit one screenplay, even if more than one eligibility criteria is submitted. You may mail the screenplay to the address listed above or email it to indie@wga.org.

All IWC applications are subject to staff review and Committee approval. In some cases, more than one eligibility criterion or combination of eligibility criteria must be fulfilled. Applicants are encouraged to submit ALL eligibility criteria information. Applicants may attach additional eligibility criteria information if additional space is needed.

If you have questions, please call WGAW Independent Film at (323) 782-4731 prior to applying for IWC membership.



Please check all eligibility criteria that apply and provide the requested information.

My feature-length narrative screenplay has been produced under a WGA Low Budget Agreement (for films budgeted at \$1.2 million and below).

SCREENPLAY / FILM TITLE: _____

Production Company: _____ Production Year: _____

Has the film received theatrical release? Yes No If Yes, month/year of release: ____/____

My feature-length narrative screenplay was produced and the film premiered at a film industry-recognized domestic film festival. (If your film was exhibited at an international film festival, please contact WGAW Independent Film at 323-782-4731 for more information.)

SCREENPLAY / FILM TITLE: _____

Film Festival: _____

Production Company: _____ Production Year: _____

Has the film received theatrical release? Yes No If Yes, month/year of release: ____/____

Who can verify your participation? Contact Name: _____

Contact Phone #: _____ Contact Email Address: _____

My feature-length narrative screenplay was completed in connection with a highly regarded and/or accredited domestic screenwriting program offered at an educational institution or film industry organization and, in addition, I completed the screenwriting program requirements.

SCREENPLAY / FILM TITLE: _____

SCREENWRITING PROGRAM: _____ Institution or Organization: _____

Acceptance Month/Year: ____/____ Fulfillment Month/Year: ____/____

Who can verify your participation? Contact Name: _____

Contact Phone #: _____ Contact Email Address: _____

My feature-length narrative screenplay was nominated for and/or won a highly regarded screenwriting award. Note: Screenwriting "contests" are also subject to review and individual approval by the WGAW Independent Film Writers Steering Committee.

SCREENPLAY / FILM TITLE: _____

SCREENWRITING AWARD: _____

Presentation Month/Year of this Award: ____/____

Who can verify your Award nomination or Award win information?

Contact Name: _____

Contact Phone #: _____ Contact Email Address: _____



The following information is primarily for internal Guild use and will not be released to outside parties in a manner that would identify you:

Please type or print:

Social Security #: _____

Professional Name: _____
Last First Middle Initial

Legal Name: _____
Last First Middle Initial

Pseudonym: _____
Last First Middle Initial

SAME NAME POLICY: You will not be allowed to use a name that is already registered by another writer. You will be notified if any of the names you have set forth are already in use. In that case, you will be required to use a different name, add a middle name or initial or vary your name in some way which will distinguish it from the name already in use. Jr., Sr., II., etc. are allowed only if a legally recognized familial relation exists with the writer who is already using the name.

Home Address: _____
Street only - no P.O. Box Apt. #

City State Zip

Preferred Mailing Address: _____

E-mail Address _____

Home Phone: (_____) _____

Message Phone: (_____) _____

Fax #: (_____) _____

Union and Industry Organization Membership (Check if you are currently a member of):

- WGA West WGA East DGA SAG-AFTRA
- Film Independent Independent Feature Project (IFP) Filmmakers Alliance
- Other (specify) _____

(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 not released outside the WGA West in a manner that would identify you. It will be used for Guild purposes, such as aggregate statistical studies.)

Date of Birth: _____ Sex: Male Female
Month Day Year

Race or Ethnic Background African American/Black American Indian
 Asian/Pacific Islander Caucasian/White Eskimo/Aleutian
 Latino/Hispanic Other (specify) _____



Please print or type:

Applicant's Name: _____

Phone Number: (_____) _____ Social Security Number: _____

Please complete the following:

(This information will remain on WGA computers until we receive written notice to change such information.)

Are you presently being represented by an agent? Yes No

If yes, Name of Agency: _____

Individual Agent's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Is your representation agreement: Written Oral

(The Guild encourages all representation agreements to be in writing and signed by both partners.)

Do you want your calls to be referred to your agent? Yes No

If you do not have an agent or have indicated that you do not want your calls to be referred to your agent, please be aware that WGA policy precludes giving out the home or office addresses, telephone/fax numbers or e-mail addresses of our members. Therefore, if you do not have an agent or do not wish calls to be referred to your agent, please indicate below the name and telephone number of a Business Manager, Personal Manager or Attorney to which you would like us to refer callers who are attempting to contact you.

Other Representative:

Name & Title: _____

Business Manager Personal Manager Attorney Other

Address: _____

Phone Number: (_____) _____ Fax Number: (_____) _____



Upon final qualification for Independent Writers Caucus membership, I authorize the Writers Guild of America, West, Inc. to charge my

(check one) MASTER CARD or VISA

for payment of my \$100.00 one-year service fee for Independent Writers Caucus membership

_____ (account number)

Expiration date: ____ / ____ / ____

Signature (as it appears on credit card)

Please print name (as it appears on credit card)

Please print professional name used for Guild records and correspondence (if different from above).

Social Security Number

Cardholder's Billing Address:

Street _____ Unit # _____

City / State / Zip _____

Telephone (_____) _____

FOR OFFICE USE

Date: ____ / ____ / ____

To: Finance Department

From: WGAW Independent Film

Transaction number: _____

Authorization number: _____

Batch number: _____

Declined: ____