

2026 LETTER OF ADHERENCE  
**WGA INFORMATIONAL PROGRAM CONTRACT**  
**SINGLE PROJECT ONLY**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**TYPE OF BUSINESS ORGANIZATION STRUCTURE: *Please check all that apply***

☐ Corporation   ☐ Nonprofit   ☐ Joint Venture   ☐ Partnership   ☐ Sole Owner   ☐ 10% or More Owner   ☐ DBA/Sole Proprietor

State \_\_\_\_\_ Tax ID \_\_\_\_\_ Company Contact Person: \_\_\_\_\_

**BUSINESS PRINCIPALS, OWNERS, AND/OR OFFICERS:**

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

**FORMAT & DESCRIPTION:** *Please list all applicable formats and briefly describe the project/writing*

\_\_\_\_\_  
\_\_\_\_\_

**WRITER(S) EMPLOYED ON THIS PROJECT: *Please attach a separate sheet for additional writers***

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

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

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Writing Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Writing Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

*Please attach individual employment contracts and/or deal memos for the writer(s) employed under this letter of adherence.*

On behalf of the writer(s) employed on the above-named project, the undersigned producer for this single project only ("Company") recognizes the Writers Guild of America West, Inc. on behalf of itself and its affiliate the Writers Guild of America, East, Inc. (collectively "WGA") as the exclusive representative of writer(s) and writer(s) employed in additional capacities who are engaged by the Company to perform writing services on the above-named project. Company agrees to be bound by the terms and conditions of Article 6 ("Guild Shop"); Articles 10, 11, and 12 ("Grievance and Arbitration"); Article 17 ("Pension Plan" and "Health Fund"); and Article 71 ("Paid Parental Benefit Fund") of the 2026 Writers Guild of America Theatrical and Television Basic Agreement, by reference incorporated herein and available upon request. The Company also agrees to be bound by the terms and conditions of the Pension Plan and Health Fund Trust Agreements to make contributions on behalf of the writer(s) employed on the above-named project. The contribution rates for period one (5/2/26 through 5/1/27) are 11.25% of gross compensation to the Pension Plan payable to the Producer-Writers Guild of America Pension Plan, 16.25% of gross compensation to the Health Fund payable to the Writers Guild-Industry Health Fund, and 0.25% of gross compensation to the Paid Parental Benefit Fund payable to the Writers Guild-Industry Health Fund. The contribution rates for period two (5/2/27 through 5/1/28) are 11.25%, 16.75% and 0.25%, respectively. The contribution rates for period three (5/2/28 through 5/1/29) are 11.25%, 16.75%, and 0.25%, respectively. The contribution rates for period four (5/2/29 through 5/1/30) are 11.25%, 16.75%, and 0.25%, respectively. Please contact the Pension Plan and Health Fund directly for details on making payment by calling (818) 846-1015 or visiting [www.wgaplans.org](http://www.wgaplans.org).

**Accepted and Agreed By:**

**COMPANY:**

**WRITERS GUILD OF AMERICA WEST, INC.  
on behalf of itself and its affiliate,  
WRITERS GUILD OF AMERICA, EAST, INC.**

**For Producer-Writers Guild of  
America Pension Plan & Writers  
Guild Industry Health Fund Use Only**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

**PLEASE SEND COMPLETED LETTER OF ADHERENCE TO:**

Writers Guild of America West, Inc. - Signatories Department - 7000 West 3<sup>rd</sup> Street, Los Angeles, CA 90048

Tel: (323) 782-4501 Fax: (323) 782-4707



**WRITERS GUILD  
OF AMERICA WEST**



**WRITERS  
GUILD  
of AMERICA  
EAST**

## **GUARANTEE AGREEMENT**

### **GUARANTEE AGREEMENT**

Reference is made to the 2026 Letter of Adherence/WGA Informational Program Contract for the project entitled \_\_\_\_\_ (“2026 Letter of Adherence”) between \_\_\_\_\_ (herein after “Company”), and Writers Guild of America, West, Inc. on behalf of itself and Writers Guild of America, East, Inc. (jointly “WGA”), which is entered into concurrently with this guarantee. To induce the WGA to sign the 2026 Letter of Adherence, the undersigned, as an individual, agrees to the following:

You agree to guarantee performance of the 2026 Letter of Adherence by Company.

You agree to assume all obligations of Company under each employment agreement for writing services and option or purchase agreement for literary material entered into at any time during the term of the 2026 Letter of Adherence.

You agree to assume all obligations of the 2026 Letter of Adherence pertaining to such employment and option or purchase agreement and specifically agree to be bound by, and a party to, any grievance and/or arbitration under Articles 10, 11 and 12 of the 2026 Writers Guild of America Theatrical and Television Basic Agreement (“2026 MBA”), as incorporated by reference into the 2026 LOA, should a dispute between a writer and/or WGA and Company arise. You and Company shall be deemed jointly and severally liable under any grievance, arbitration award or settlement.

You agree that service upon Company pursuant to the 2026 Letter of Adherence and the 2026 MBA shall constitute service upon you.

This guarantee is irrevocable. Nothing contained in this agreement shall be construed to relieve Company from its obligations under such employment and option or purchase agreement or its obligations under the 2026 Letter of Adherence or the 2026 MBA.

A photocopy, facsimile, electronic or other copy of this agreement shall have the same effect for all purposes as a signed original.

### **AGREED TO AND ACCEPTED**

By: \_\_\_\_\_  
INDIVIDUAL'S SIGNATURE

Name: \_\_\_\_\_  
PLEASE PRINT OR TYPE INDIVIDUAL'S NAME

Address: \_\_\_\_\_  
NO P.O. BOXES OR EQUIVALENT

Email: \_\_\_\_\_

Date: \_\_\_\_\_



WRITERS GUILD  
OF AMERICA WEST



WRITERS  
GUILD  
of AMERICA  
EAST

## NOTICE OF AGENT FOR SERVICE OF PROCESS

The undersigned company hereby appoints the following individual as the Agent for Service of Process in connection with any matters related to the Writers Guild of America collective bargaining agreement.

Should this individual cease to act as agent for service of process for any reason whatsoever, company agrees to appoint a new agent without delay and immediately submit to the WGA, a new Notice of Agent for Service of Process. Company agrees that all written notices required under the provision of said collective bargaining agreement which are sent by first class mail, postage prepaid, to Company's last address, with a copy sent to the below-appointed agent, shall constitute and be valid service under the applicable bargaining agreement. Company understands that the designated agent will remain in effect until the WGA receives notification from Company that the agent has been replaced by another individual.

**Agent must be resident of CA or NY. Post Office Boxes or the equivalent are not acceptable.**

This agreement may be executed in multiple counterpart and all of which taken together shall constitute one and the same instrument respectively. A photocopy, facsimile, electronic or other copy shall have the same effect for all purposes as a signed original.

**PLEASE COMPLETE SECTIONS 1, 2 AND 3 BELOW.**  
**(This form will not be accepted unless all 3 sections are completed.)**

**1. NAME OF COMPANY:** \_\_\_\_\_

By: \_\_\_\_\_  
SIGNATURE

Name: \_\_\_\_\_  
PLEASE PRINT CLEARLY OR TYPE

Title: \_\_\_\_\_  
PLEASE PRINT CLEARLY OR TYPE

Date: \_\_\_\_\_

The undersigned hereby agrees to accept service of process in connection with any disputes or notices arising under any collective bargaining agreement:

**2. NAME OF APPOINTED AGENT:** \_\_\_\_\_  
PLEASE PRINT CLEARLY OR TYPE

Company/Law Firm (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
NO P.O. BOXES OR EQUIVALENT

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**3. APPOINTED AGENT SIGNS HERE:**

By: \_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_