



The Animation Writers Caucus 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

Upon final qualification for AWC membership, a payment in the amount of One Hundred Dollars (\$100) for the first annual service fee is due. To make a payment by Visa, MasterCard, or Discover, please go to the secure SendPayment page on the Guild website—www.wga.org/memberpayment—and select “New Associate Caucus Membership Service Fee” from the drop-down menu. You may also pay by check, made payable to WGAW. (The fee is waived for WGAW members in good standing.)

3. Minimum Writing Requirements

Applicants are required to have written the equivalent of at least one half-hour of produced animation. (If you are or were contracted to write the equivalent of one half-hour of animation which has not yet been produced, please contact the Organizing Department for further instructions.) Please see boxes provided below to characterize your produced animation.

☐ Teleplay

☐ Screenplay

☐ Other (please describe):

Date Produced (year): _____

Studio/Production Company: _____

Show Title: _____ **Episode Title:** _____

Name of Story Editor: _____

Rights and Obligations of Animation Writers Caucus Members

Animation Writers Caucus members may receive Guild mailings, communications, and WGAW publications; receive invitations to AWC-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; and be entitled to participate, if otherwise eligible, in any employment access program administered by the Guild. AWC 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.

Animation Writers Caucus membership does not provide the right to vote in WGAW elections, to run for office or to attend Writers Guild of America West Inc. membership meetings.

Signature _____ **Date** _____

Please Print Your Name _____

RETURN COMPLETED FORM TO:

Member Organizing Department, Writers Guild of America West
7000 West Third St., Los Angeles, CA 90048
Phone: (323) 782-4567
caucusapplications@wga.org



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 #: _____

Use for Correspondence

Use for Membership Card

Professional Name: _____

(For Guild records and correspondence, including Credits)

Legal Name: _____

(For Guild records)

Pseudonym: _____

(For Guild records)

Guild Affiliations (Check if currently a member of:)

☐ Film Writers Association, Mumbai (FWA)

☐ La Guilde Française des Scénaristes (La Guilde)

☐ New Zealand Writers Guild (NZWG)

☐ Script Writers Guild of Israel (R.A.)

☐ Seccion de Autores y Adaptadores de Cine (STPC-Mexico)

☐ Société des auteurs de radio, télévision et cinema (SARTEC)

☐ Verband Deutscher Drehbuchautoren e.V. (VDD)

☐ Writers Guild of America East (WGAE)

☐ Writers Guild of America West (WGAW)

☐ Writers Guild of Canada (WGC)

☐ Writers Guild of Great Britain (WGGB)

☐ Writers Guild of Ireland (WGI)

☐ Writers Guild of South Africa (WGSA)

(Providing your birthdate is optional. However, your birthdate is required in order to access the WGAW members only section of our website.)

Date of Birth: _____

Month

Day

Year

Gender: ☐ Male ☐ Female ☐ Non-Binary

1 HOME ADDRESS:

Street only (no P.O. Box) Apt. or Unit #

City/State/Zip

Home Phone: (_____) _____ **Cell Phone:** (_____) _____ ☐ I authorize WGAW to use this cell phone number to communicate important messages to me.

Home Fax: (_____) _____ **Email Address (Required):** _____



Applicant's Professional Name: _____ **Last 4 Digits of Social Security Number:** XXX – XXX – _____

2 AGENCY: Name of Agency: _____ Agent's Name: _____

Telephone number: (_____) _____ Email address: _____

Please contact the Agency Department with any questions you may have: agency@wga.org.
The recorded agency information number is (323) 782-4572.

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

Please be aware that WGA policy precludes giving out the home or office addresses, telephone/fax numbers or email 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 names and telephone numbers of any Business Manager, Personal Manager or Attorney to which you would like us to refer callers who attempt to contact you.

(If you have no such contact information, the WGA will aid callers who attempt to contact you by offering to forward unopened mail addressed to you in care of the WGA. We will also forward a fax or contact you by telephone or email to inform you of a caller's attempt to reach you.)

3 ☐ Business Manager ☐ Personal Manager ☐ Attorney ☐ Other (please specify): _____

Name

Street Unit or Suite #

City/State/Zip

Telephone number: (_____) _____ Email address: _____

4 ☐ Business Manager ☐ Personal Manager ☐ Attorney ☐ Other (please specify): _____

Name

Street Unit or Suite #

City/State/Zip

Telephone number: (_____) _____ Email address: _____

5 ☐ Business Manager ☐ Personal Manager ☐ Attorney ☐ Other (please specify): _____

Name

Street Unit or Suite #

City/State/Zip

Telephone number: (_____) _____ Email address: _____

Among the addresses you have provided on pages 2 and 3 please indicate where you would like the following mailings to be sent.

To which address do you wish to have **Written By** magazine mailed? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

To which address do you wish to have **all other** guild correspondence mailed? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐



HELP US HELP YOU:

As part of the Inclusion and Equity Department's initiative to increase hiring opportunities for various groups of writers, the Guild periodically publishes specialized Membership Directories, or is asked to provide lists of groups of writers to networks, studios and producers who have a particular interest in hiring writers in these groups. By indicating "OK to Publish" on any of the attribute groups below, you are agreeing to allow the Guild to publish your name in these groups or lists. Choosing to publish your name in one or more of these directories can be beneficial to you in terms of providing access to potential employers. If you do not indicate "OK to Publish" on any category, this information will remain confidential by default. If you have any questions, please contact the Inclusion and Equity Department at (323) 782-4589.

Please check all that apply.

Ethnicity.....OK to Publish ☐ Yes ☐ No

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Korean | <input type="checkbox"/> Welsh | <input type="checkbox"/> Middle Eastern Unspecified |
| <input type="checkbox"/> African Unspecified | <input type="checkbox"/> Maori | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Afghan |
| <input type="checkbox"/> Central (Sub-Saharan) African | <input type="checkbox"/> South Asian | <input type="checkbox"/> Indigenous Australian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Eastern African | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Native American / Indigenous | <input type="checkbox"/> Ashkenazi Jewish |
| <input type="checkbox"/> Northern African | <input type="checkbox"/> Samoan | <input type="checkbox"/> Latinx Unspecified | <input type="checkbox"/> Assyrian |
| <input type="checkbox"/> Southern African | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Brazilian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Western African | <input type="checkbox"/> Thai | <input type="checkbox"/> Caribbean Islander | <input type="checkbox"/> Iraqi |
| <input type="checkbox"/> Asian / Pacific Islander Unspecified | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Central American | <input type="checkbox"/> Israeli |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> European / White Unspecified | <input type="checkbox"/> Cuban | <input type="checkbox"/> Jordanian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Armenian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Kuwaiti |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> French | <input type="checkbox"/> Afro-Latinx | <input type="checkbox"/> Lebanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Greek | <input type="checkbox"/> Haitian | <input type="checkbox"/> North African |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Italian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Omani |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Polish | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Persian / Iranian |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Scandinavian | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish | <input type="checkbox"/> South American | <input type="checkbox"/> Turkish |

Language.....OK to Publish ☐ Yes ☐ No

- | | | | |
|---|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Any African Language | <input type="checkbox"/> Danish | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Farsi / Persian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Filipino Language Unspecified | <input type="checkbox"/> Japanese | <input type="checkbox"/> Scandinavian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Finnish | <input type="checkbox"/> Lao | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> French | <input type="checkbox"/> Latin | <input type="checkbox"/> Teguli |
| <input type="checkbox"/> Chinese Language Unspecified | <input type="checkbox"/> Gaelic | <input type="checkbox"/> Marathi | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> German | <input type="checkbox"/> Nepali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Greek | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Croatian / Bosnian / Serbian | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese | |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Hindi / Urdu | <input type="checkbox"/> Punjabi | |



Age GroupOK to Publish ☐ Yes ☐ No

☐ Writers over 40

☐ Writers over 50

☐ Writers over 60

Although the Guild may release statistical information on hiring based on age, Member ages are confidential. By selecting any (or all) of these age designations, and "OK to Publish" = Yes, you are giving permission to be included in Directories or lists based on your self-designation.

Union and Industry Organization Membership.....OK to Publish ☐ Yes ☐ No

☐ Animation; IA Local 839

☐ DGA

☐ PGA

☐ Camera; IA Local 600

☐ Editor; IA Local 700

☐ SAG/AFTRA

Gender Identity.....OK to Publish ☐ Yes ☐ No

☐ Female

☐ Transgender Unspecified

☐ Transmasculine

☐ Male

☐ Transfeminine

☐ Non-binary

Sexual IdentityOK to Publish ☐ Yes ☐ No

☐ Heterosexual

☐ Queer

☐ Bisexual / Pansexual

☐ Lesbian

☐ LGBTQ+ Unspecified

☐ Asexual

☐ Gay

Disability.....OK to Publish ☐ Yes ☐ No

☐ Disability Unspecified

☐ Blind or Low-Vision

☐ Dwarfism

☐ Mobility Disability

☐ Autoimmune Condition or
Chronic Illness

☐ Cognitive Disorder

☐ Limb Difference

☐ Neurodiverse

☐ Deaf or Hard of Hearing

☐ Mental Disorder

☐ Physical Disfigurement