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 ________________________________
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: __________________________________________________________
(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)                                    ❑ Writers Guild of America East (WGAE)
❑ La Guilde Française des Scénaristes (La Guilde)                             ❑ Writers Guild of America West (WGAW)
❑ New Zealand Writers Guild (NZWG)                                         ❑ Writers Guild of Canada (WGC)
❑ Script Writers Guild of Israel (R.A.)                                      ❑ Writers Guild of Great Britain (WGGB)
❑ Seccion de Autores y Adaptadores de Cine (STPC-Mexico)                   ❑ Writers Guild of Ireland (WGI)
❑ Société des auteurs de radio, télévision et cinema (SARTEC)               ❑ Writers Guild of South Africa (WGSA)
❑ Verband Deutscher Drehbuchautoren e.V. (VDD)

(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

Sex:  ❑ Male  ❑ Female

# 1 HOME ADDRESS:

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

________________________________________________________________________
City/State/Zip

Home Phone: ( ______ ) ___________________________  Cell Phone: ( ______ ) ___________________________

Home Fax: ( ______ ) ___________________________  Email Address (Required): __________________________

I authorize WGAW to use this cell phone number to communicate important messages to me.
CONTACT INFORMATION

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: ________________________________

The WGAW Agency Administrator is Bertha Garcia: (323) 782-4502. Please contact Bertha with any agency questions you may have.
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
_____________________________________________________________________________________________________________________________________________________________
City/State/Zip
Telephone number: (_________) __________________________ Email address: ____________________________________________________________

# 4 □ Business Manager □ Personal Manager □ Attorney □ Other (please specify): ______________________________

_____________________________________________________________________________________________________________________________________________________________

Name
_____________________________________________________________________________________________________________________________________________________________
Street
_____________________________________________________________________________________________________________________________________________________________
City/State/Zip
Telephone number: (_________) __________________________ Email address: ____________________________________________________________

# 5 □ Business Manager □ Personal Manager □ Attorney □ Other (please specify): ______________________________

_____________________________________________________________________________________________________________________________________________________________

Name
_____________________________________________________________________________________________________________________________________________________________
Street
_____________________________________________________________________________________________________________________________________________________________
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

3
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 (such as Ethnicity or Women Writers), 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
❑ African American/Black ❑ Filipino ❑ Native Hawaiian ❑ Vietnamese
❑ American Indian      ❑ Indonesian  ❑ Puerto Rican  ❑ White/Caucasian
❑ Asian/Pacific Islander Unspecified ❑ Japanese ❑ Samoan ❑ Other ________________
❑ Central American     ❑ Korean      ❑ South American ❑
❑ Chinese              ❑ Latino Unspecified ❑ South Asian  ❑
❑ Cuban                ❑ Mexican     ❑ Spanish

Language...................OK to Publish  ❑ Yes ❑ No
❑ African (Any)        ❑ German      ❑ Italian      ❑ Scandinavian
❑ Arabic                ❑ Greek       ❑ Japanese     ❑ Spanish
❑ Chinese (Any)        ❑ Hebrew      ❑ Polish       ❑ Other ________________
❑ French               ❑ Hungarian   ❑ Russian

Age Group ...............OK to Publish  ❑ Yes ❑ No
❑ Writers over 40      ❑ Writers over 50

Although the Guild may release statistical information on hiring based on age, Member ages are confidential. By selecting either of these options (over 40 and/or over 50), 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      ❑ FILM INDEPENDENT ❑ PGA
❑ Camera; IA Local 600    ❑ Editor; IA Local 700  ❑ INDEPENDENT FILMMAKER PROJECT (IFP) ❑ SAG/AFTRA

Gender Group.........OK to Publish  ❑ Yes ❑ No
❑ Women Writers         ❑ Transgender Writers

Disabled....................OK to Publish  ❑ Yes ❑ No
❑ Yes

Sexual Orientation....OK to Publish  ❑ Yes ❑ No
❑ Bisexual              ❑ Gay        ❑ Lesbian
❑