



**The Independent 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 IWC 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](http://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**

All applicants must be residents of the United States and must have fulfilled at least one of the four eligibility criteria (listed on Page 4) 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 criterion is submitted.) Mail the screenplay to the address listed below or email it to [caucusapplications@wga.org](mailto:caucusapplications@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 Member Organizing at (323) 782-4511 prior to applying for membership.

**Rights and Obligations of Independent Writers Caucus 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 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) 782-4511  
[caucusapplications@wga.org](mailto: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)

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:** ( \_\_\_\_\_ ) \_\_\_\_\_  I authorize WGAW to use this cell phone number to communicate important messages to me.

**Home Fax:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Email Address (Required):** \_\_\_\_\_



**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 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



**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: \_\_\_\_\_



**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**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> African American/Black             | <input type="checkbox"/> Filipino           | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Vietnamese      |
| <input type="checkbox"/> American Indian                    | <input type="checkbox"/> Indonesian         | <input type="checkbox"/> Puerto Rican    | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander Unspecified | <input type="checkbox"/> Japanese           | <input type="checkbox"/> Samoan          | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Central American                   | <input type="checkbox"/> Korean             | <input type="checkbox"/> South American  |  |
| <input type="checkbox"/> Chinese                            | <input type="checkbox"/> Latino Unspecified | <input type="checkbox"/> South Asian     |  |
| <input type="checkbox"/> Cuban                              | <input type="checkbox"/> Mexican            | <input type="checkbox"/> Spanish         |  |

**Language.....OK to Publish  Yes  No**

- |  |                                    |                                   |                                       |
|--|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> African (Any) | <input type="checkbox"/> German    | <input type="checkbox"/> Italian  | <input type="checkbox"/> Scandinavian |
| <input type="checkbox"/> Arabic        | <input type="checkbox"/> Greek     | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> Chinese (Any) | <input type="checkbox"/> Hebrew    | <input type="checkbox"/> Polish   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> French        | <input type="checkbox"/> Hungarian | <input type="checkbox"/> 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**

- |  |   |  |                                    |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Animation; IA Local 839 | <input type="checkbox"/> DGA                  | <input type="checkbox"/> FILM INDEPENDENT                    | <input type="checkbox"/> PGA       |
| <input type="checkbox"/> Camera; IA Local 600    | <input type="checkbox"/> Editor; IA Local 700 | <input type="checkbox"/> INDEPENDENT FILMMAKER PROJECT (IFP) | <input type="checkbox"/> 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