

2014 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: _____ SSN: _____ - _____ - _____ Writing Start Date: _____ End Date: _____ Compensation: \$ _____	Name: _____ SSN: _____ - _____ - _____ Writing Start Date: _____ End Date: _____ Compensation: \$ _____
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*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"); and Article 17 ("Pension Plan" and "Health Fund") of the 2014 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 (5/2/2014 through 5/1/2015) are eight and one-half percent (8.5%) of gross compensation to the Pension Plan payable to the **Producer-Writers Guild of America Pension Plan** and eight and one-half percent (8.5%) of gross compensation to the Health Fund payable to the **Writers' Guild-Industry Health Fund**. The contribution rates for period two (5/2/2015 through 5/1/2016) and period three (5/2/2016 through 5/1/2017) may be subject to change. Please check with the Pension Plan and Health Fund for details by calling (818) 846-1015.

**Accepted and Agreed By:**

<b>COMPANY:</b>  _____ Signature _____ Date _____  _____ Print Name _____  _____ Title _____	<b>WRITERS GUILD OF AMERICA, EAST, INC.</b> on behalf of itself and its affiliate, <b>WRITERS GUILD OF AMERICA, WEST, INC.</b>  _____ Signature _____ Date _____  _____ Print Name _____  _____ Title _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: center; padding: 5px;">For Producer-Writers Guild of America Pension Plan &amp; Writers Guild Industry Health Fund Use Only</th> </tr> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td style="padding: 5px;">Signature _____</td> <td style="padding: 5px;">Date _____</td> </tr> <tr> <td style="padding: 5px;">Print Name _____</td> <td> </td> </tr> <tr> <td style="padding: 5px;">Title _____</td> <td> </td> </tr> </table>	For Producer-Writers Guild of America Pension Plan & Writers Guild Industry Health Fund Use Only				Signature _____	Date _____	Print Name _____		Title _____	
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