

Dear Company:

Welcome to the Writers Guild of America, East (WGAE) Signatory Process. Included in the attached packet are the following forms which need to be completed and returned to us for processing **prior** to optioning, purchasing, or commencement of a writer's services.

**Please return originals of the following signatory documents:**

- Signatory Company Application
  - For Sole Proprietorships, signatory documents must be filled out with the legal name of the individual, not the fictitious business name.
- Letter of Adherence to the 2011 MBA
- Guarantee Agreement
- Form 5 B (Letter of Adherence to the Pension Plan & Health Fund)
- Notice of Agent for Service of Process

**PLEASE NOTE: Any individual signing signatory documents must provide some form of photo identification.**

**Please submit as applicable:**

- Corporation – Articles of Incorporation
- Limited Liability Company – Articles of Organization
- Joint Venture/Partnership-Fictitious Business Name Statement & Partnership Agreement

**PLEASE PROVIDE A COPY OF EACH WRITER'S AGREEMENT (executed or not)**

We are very pleased that you are interested in becoming a signatory company. If you have any questions about this application or the signatory process, please contact us at 212/767-7837.

Sincerely,

**Signatories Department  
Writers Guild of America, East, Inc.  
250 Hudson Street  
New York, NY 10013**



# SIGNATORY COMPANY APPLICATION

NAME OF COMPANY: \_\_\_\_\_

d/b/a: \_\_\_\_\_

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

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

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

\*\*\*This will be the official company address for WGA records, correspondence and notices.

ATTORNEY

OTHER BUSINESS REP: \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Company or Firm \_\_\_\_\_

Company or Firm \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

Fax# \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## TYPES OF CONTENT THIS COMPANY PRODUCES OR INTENDS TO PRODUCE:

- Theatrical Features       TV Series       Reality TV       Internet/Mobile Content
- Independent Films       Miniseries       Nonfiction Basic Cable       Informational
- Low Budget Under \$1.2M       Made-for-TV Movies       Game Shows       Videogames
- Theatrical Documentary       Comedy/Variety       TV Documentary
- Theatrical Animation       Direct-to-Video/DVD       TV Animation

**COLLECTIVE BARGAINING AGREEMENTS:** Is your company signed with any of the following organizations to their collective bargaining agreements? Please check all that apply below:

SAG    AFTRA    DGA    IATSE    NABET    Teamsters    Other: \_\_\_\_\_



## COMPANY INFORMATION

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

Please complete Section A, B or C

**A.  CORPORATION  LIMITED LIABILITY COMPANY**

Incorporated/Formed in the State of: \_\_\_\_\_

Principal Place of Business in the State of: \_\_\_\_\_

Date of Incorporation/Formation: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Organizational ID#: \_\_\_\_\_

OFFICERS / MANAGERS	PRINCIPAL SHAREHOLDERS / MEMBERS**	% OWNED
Chairman: _____	_____	_____
President: _____	_____	_____
Vice Pres: _____	_____	_____
Secretary: _____	_____	_____
Treasurer: _____	_____	_____
Parent Corporation: _____		
Subsidiaries: _____		

\*\*For each principal shareholder/member that is a company please complete another copy of this form for that entity. For each person who is a principal shareholder/member please complete an INDIVIDUAL INFORMATION form (Page 3).

**B.  GENERAL PARTNERSHIP  LIMITED PARTNERSHIP  JOINT VENTURE**

Organized in the State of: \_\_\_\_\_

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

General Partners/Joint Venturers**		Limited Partners**
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____

\*\*For each partner or joint venturer that is a company please complete another copy of this form for that entity. For each person who is a partner or joint venturer please complete an INDIVIDUAL INFORMATION form (Page 3).

**C.  INDIVIDUAL/SOLE PROPRIETORSHIP** (Signatory documents must be filled out with the legal name of the individual, not the fictitious business name.)

Legal Name of Individual: \_\_\_\_\_

Fictitious Business Name (d/b/a—if applicable): \_\_\_\_\_



## INDIVIDUAL INFORMATION

Please complete this form for each person who is a 10% or more owner or any individual signing these signatory documents. **If the principal shareholder/member is a company, please complete another Company Information form for that entity.**

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

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

Social Security #: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Primary Source of Income: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Work Phone # \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Please include the names of any motion picture/television/radio industry guilds or unions of which you are a member: \_\_\_\_\_

Please list any previous projects you have produced: \_\_\_\_\_

Do you manage or represent the services of writers?  Yes  No

If you are an officer, owner or partner of any other production company, please indicate below:

Company Name	Relationship to Company	WGA Signatory?
_____	_____	Yes___ No___
_____	_____	Yes___ No___
_____	_____	Yes___ No___
_____	_____	Yes___ No___



# CURRENT PROJECT INFORMATION

(Complete one form for each project)

**Project Title:** \_\_\_\_\_

**Initial Release:**

Theatrical       Television (Network) \_\_\_\_\_

New Media/Internet (Website) \_\_\_\_\_

Name of Writer(s)	Date of Employment or Purchase
1.) _____	<input type="checkbox"/> Option/Purchase <input type="checkbox"/> Employment _____
2.) _____	<input type="checkbox"/> Option/Purchase <input type="checkbox"/> Employment _____
3.) _____	<input type="checkbox"/> Option/Purchase <input type="checkbox"/> Employment _____
4.) _____	<input type="checkbox"/> Option/Purchase <input type="checkbox"/> Employment _____

**Above-listed Writer’s work is to be based upon the following source or assigned material:**

	Written By	Entitled
<input type="checkbox"/> Story:	_____	_____
<input type="checkbox"/> Treatment:	_____	_____
<input type="checkbox"/> Screenplay:	_____	_____
<input type="checkbox"/> Unpublished Novel:	_____	_____
<input type="checkbox"/> Published Novel:	_____	_____
<input type="checkbox"/> Stage Play:	_____	_____
<input type="checkbox"/> Other (describe):	_____	_____

## PRODUCTION INFORMATION

**Production Office Information:**

**Production Start Date:** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

Email \_\_\_\_\_



## FINANCIAL INFORMATION FOR CURRENT PROJECT

(Complete one form for each project)

Projected budget of project: \$ \_\_\_\_\_

### FINANCING SOURCES

\_\_\_\_\_ % of budget financed

\_\_\_\_\_ % of budget financed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company or Firm

\_\_\_\_\_  
Company or Firm

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

### DISTRIBUTION INFORMATION

Domestic

Foreign

\_\_\_\_\_  
Distributor Name

\_\_\_\_\_  
Distributor Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

### COPYRIGHT INFORMATION

The entity who will own the copyright once the project is completed: \_\_\_\_\_

As an officer, owner and/or partner in this company, I acknowledge all of the information provided in this application is true and accurate to the best of my knowledge.

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

Title: \_\_\_\_\_

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

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



**LETTER OF ADHERENCE**

**LETTER OF ADHERENCE TO THE 2011 WGA THEATRICAL AND TELEVISION BASIC AGREEMENT**

The undersigned company and the Writers Guild of America, East, Inc., on behalf of itself and its affiliate Writers Guild of America, West, Inc. (collectively "WGA" or "Guild"), accept and agree to abide by all terms and conditions of the 2011 WGA Theatrical and Television Basic Agreement ("2011 MBA") as negotiated between the WGA and **(PLEASE CHECK ONE):**

the Alliance of Motion Picture and Television Producers ("AMPTP")

the production companies of ABC, CBS and NBC ("Networks")

The 2011 MBA is in effect from May 2, 2011 through and including May 1, 2014. A Summary containing the terms and conditions is enclosed. The economic and other terms of the MBAs negotiated with the AMPTP and the Networks are the same with three exceptions. The three exceptions, which relate to long-form television, are noted in an Addendum at the end of the Summary.

Anything to the contrary in the 2011 MBA notwithstanding, the undersigned company shall remain primarily liable for all the terms and conditions of the 2011 MBA in the event the undersigned should sell, transfer or assign any of its rights as set forth and described in the 2011 MBA.

The Guild may in its discretion require at any time reasonable financial assurances that writers will receive all compensation (including but not limited to residuals and other forms of contingent compensation) to which they are entitled under the MBA or their individual agreements with company. Upon the Guild's written request, company shall promptly provide such assurances as are acceptable to the Guild in the form of a lien, bond, cash deposit or escrow, security agreement and/or such other type acceptable to the Guild. In the event Company fails to provide such assurances, the Guild shall have the right to withhold the services of writers until such assurances are provided.

The Pension Plan and Health Fund to which contributions are required by the 2011 MBA are separate entities and will independently determine whether your company may participate in these trusts. Should your company be acknowledged as a participating employer, only contributions for bona fide covered employment will be accepted by them.

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**

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

\_\_\_\_\_  
FULL LEGAL NAME OF COMPANY

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

By: \_\_\_\_\_  
Lowell Peterson, Executive Director

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

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

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

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



WRITERS  
GUILD  
of AMERICA  
EAST



WRITERS  
GUILD of  
AMERICA, WEST

**GUARANTEE AGREEMENT**

**GUARANTEE AGREEMENT UNDER THE  
2011 WGA THEATRICAL AND TELEVISION BASIC AGREEMENT**

Reference is made to the Letter of Adherence to the 2011 Writers Guild of America Theatrical and Television Basic Agreement ("2011 MBA") between \_\_\_\_\_ (herein after "Company"), and Writers Guild of America ("WGA") which is entered into concurrently with this guarantee. To induce the WGA to sign the Letter of Adherence, the undersigned, as an individual, agrees to the following:

You agree to guarantee performance of the 2011 MBA 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 2011 MBA.

You agree to assume all obligations of the 2011 MBA 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 the 2011 MBA, 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 2011 MBA shall constitute service upon you.

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 2011 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

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





# Producer-Writers Guild of America Pension Plan Writers Guild-Industry Health Fund



## FORM 5-B

### 2011 Theatrical & Television Agreement

The undersigned employer represents and declares:

1. That it employs Writers (herein "Such Writers") who render writing services in the preparation of literary material subject to the 2011 WGA Theatrical and Television Basic Agreement ("2011 MBA") and/or such other collective bargaining agreements as the Writers Guild of America may enter into with employers who employ Such Writers in Television and Motion Pictures, (herein "Basic Agreements").
2. That it is familiar with the provisions of (a) the Agreement and Declaration of Trust establishing the Writers Guild-Industry Health Fund dated September 23, 1973, as amended, herein referred to as the "Health Fund", and (b) the Producer-Writers Guild of America Pension Plan dated March 31, 1960, as amended, hereinafter referred to as the "Pension Plan", and (c) said applicable 2011 MBA.
3. That the employer and the Writers Guild of America are signatories to one or more such Basic Agreements, which Basic Agreements are in conformity with the law for the employee unit described below, and such union (a) is a party to the Health Fund, as set forth in Section 1 of Article I of the Health Fund, with respect to Such Writers, and (b) is a party to the Producer-Writers Guild of America Pension Plan as set forth in Section 31 of Article I of the Pension Plan with respect to Such Writers. The rate and obligation of the undersigned employer to make contributions (a) to such Health Fund with respect to Such Writers, and (b) to such Pension Plan with respect to Such Writers, shall commence on and continue for the period and in accordance with the Health Fund and the Pension Plan provisions of the 2011 MBA.
4. Also in accordance with such 2011 MBA and for the period and purposes set forth therein, the employer shall pay to the Pension Plan and Health Fund through its administrator in pursuance of the 2011 MBA the contributions the undersigned employer is obligated to make under such Basic Agreements to the Health Fund.
5. The undersigned by this document adopts and intends (a) to become a party to and to participate in the Health Fund with respect to Such Writers to the same extent as though the undersigned had executed such Trust Agreement or a counterpart thereof, in accordance with Section I, Article IX of said Health Fund, and (b) to become a party to and participate in the Pension Plan with respect to Such Writers by the execution of the document, in accordance with Section 2, Article XIII thereof.

The employer appoints as its agent (check one, if any):

Alliance of Motion Picture & Television Producers     Other: \_\_\_\_\_

to act for it under the terms and conditions of said Health Fund and the Pension Plan, except that said agent shall not be empowered to act under the provisions of Article VI, or Section 2, of Article VII and Section 3 of Article XIII of the Pension Plan, or under the provision of Section 2 of Article VIII of the Health Fund.

\_\_\_\_\_  
EXACT LEGAL NAME OF THE COMPANY

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

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

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

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

For Office Use Only

Accepted the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Producer-Writers Guild of America Pension Plan  
and on behalf of Writers' Guild-Industry Health Fund**

By: \_\_\_\_\_  
ADMINISTRATOR



**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 the State of New York. 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 1, 2 AND 3 BELOW.**

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

Upon receiving your completed application we will review it to determine if any additional information and/or documents are needed before accessing your signatory eligibility. Submission of all required completed forms is essential. If your application is accepted, the WGAE will return countersigned signatory documents and assign your company a unique employer number.

The Producers-Writers Guild of America Pension Plan/Writers' Guild-Industry Health Fund ("Trusts") will independently determine your company's status as a participating employer, to the Trusts Agreements. If your company has an owner (10% or more) who is also a writer employed by the company, we suggest you review the "[10% Owner/Writer](#)" criteria on the WGA Plans website [www.wgaplans.org](http://www.wgaplans.org) prior to submitting your application. This information can also be obtained by calling the Trusts at (818) 846-1015.

The WGAE website, [www.wgaeast.org](http://www.wgaeast.org), has a wide spectrum of information designed to help you. We suggest you begin by visiting the "Resources" section of the site (or click on the links below) for the following documents:

1. [2011 MBA Schedule of Minimums](#)
2. [2011 MBA Summary](#)
3. [2008 WGA Theatrical and Television Basic Agreement \("MBA"\) \(pdf\)](#). Please note the 2008 MBA is currently available online. When the new 2011 MBA is published, it will be available online.
4. [Derivative Program Made for New Media Fact Sheet \(pdf\)](#)
5. [Original Programs Made for New Media Fact Sheet \(pdf\)](#)
6. [Traditional Programs Reuse in New Media Fact Sheet \(pdf\)](#)

Thank you for your interest in the Writer Guild of America, East. If you have any questions please contact the Signatories Department at 212/767-7837; we are glad to be of assistance.