

The Videogame 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

A check payable to the Writers Guild of America, West, Inc., in the amount of One Hundred Dollars (\$100) for the first annual service fee is to be submitted with application. Please complete "Service Fee Information" section of this application if you prefer to pay the service fee by credit card. (The fee is waived for WGA members in good standing).

3. Benefits of Videogame Writers Caucus Membership

Videogame Writers Caucus members shall receive all WGAW mailings and communications, including *Written By* and *WriteNow: Member Email Newsletter*; may serve on the Videogame Writers Caucus Steering Committee and certain other WGAW committees as designated by the Board of Directors; may use the WGAW Script Registration Service at a reduced rate; shall receive access to The Guild Screenings subject to annual availability of this program; may become members of the Inter-Guild Federal Credit Union or its successor subject to the discretion of that entity's governing body and may be entitled to participate, if otherwise eligible, in any employment access program administered by the WGAW Diversity Department; and may be eligible for participation in the WGA self-pay health insurance *WritersCare* provided through CIGNA. The program is administered through The Entertainment Industry Group Insurance Trust (TEIGIT).

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

4. Eligibility Requirements

Applicants must meet at least one (1) of the following criteria to be eligible for the Videogame Writers Caucus and each applicant must submit a copy of the written materials in connection with the qualifying eligibility requirement(s).

- **Must have received a writing credit on at least one produced videogame.** *Credits which are not easily discernable as writing credits will be reviewed along with the submitted written materials by the Videogame Writers Caucus Steering Committee.*
- **Has been employed to write a design document or any other written videogame material, which in the judgment of the Videogame Writers Caucus Steering Committee is equivalent to writing a thirty (30) minute television script.**
- **Has been hired to write videogame material under a Writers Guild contract.**

Members of the Videogame Writers Caucus Steering Committee will review each application. Please note, any submitted material will not be returned. Upon review the Videogame Writers Caucus Steering Committee will recommend to the WGAW Board of Directors those writers eligible for Videogame Writers Caucus membership. Please allow 3-4 weeks to process your application. Exceptions to the above requirements will be considered on a case-by-case basis. If you are or were contracted to write material that has not yet been produced, please contact the WGAW Organizing Department (323) 782-4511 for further instructions.

Qualifying Videogame Work

Videogame Title: _____ Year Produced: _____

Game Developer and/or Publisher: _____

Website URL (if applicable): _____

What writing did you do for this videogame? _____

Did you receive a credit? Yes No If yes, what was your credit? _____

Who can verify your participation? _____

Name and Title: _____

Phone: (_____) _____ Email: _____

I acknowledge the information provided above is true and correct.

Signature _____ **Date** _____

RETURN COMPLETED FORM TO:

Member Services & Organizing Department, Writers Guild of America, West
7000 West Third St., Los Angeles, CA 90048
Phone: (323) 782-4511

HELP US HELP YOU:

As part of the Diversity 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 Diversity Department at (323) 782-4589.

Please check all that apply.

Ethnicity..... OK to Publish Yes No

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

Language..... OK to Publish Yes No

- | | | | |
|---|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Any African Language | <input type="checkbox"/> German | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Japanese | <input type="checkbox"/> Scandinavian |
| <input type="checkbox"/> Any Chinese Language | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Polish | |

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.

Other Guilds..... OK to Publish Yes No

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> SAG/AFTRA | <input type="checkbox"/> Camera; IA Local 600 | <input type="checkbox"/> Editor: IA Local 700 | <input type="checkbox"/> Script Editor |
| <input type="checkbox"/> Animation; IA Local 839 | <input type="checkbox"/> DGA | <input type="checkbox"/> PGA | |

Gender Group..... OK to Publish Yes No

- Women Writers

Disability..... OK to Publish Yes No

- Yes

Sexual Orientation.. OK to Publish Yes No

- | | | | |
|-----------------------------------|------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Transgender |
|-----------------------------------|------------------------------|----------------------------------|--------------------------------------|

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The following information is primarily for internal Guild use and will not be released in a manner that would identify you:

Please type or print:

Social Security #: _____

Professional Name: _____
(For Guild records and correspondence, including Credits) Last First Middle Initial

Legal Name: _____
(For Guild records) Last First Middle Initial

Pseudonym: _____
(For Guild records) Last First Middle Initial

Home Address: _____
Street only - no P.O. Box Apt. #

City State Zip

Preferred Mailing Address: _____

E-mail Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Fax #: (_____) _____

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The WGAW encourages all representation agreements to be in writing and signed by both parties.
The following information will remain on file until we receive written notice to change such information.

Does an agent represent you? Yes No
If yes, is your agreement: Written Oral

Agent Name: _____

Agency: _____

Address: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Does a Personal Manager, Business Manager, or Attorney represent you? Yes No
If yes, is your agreement: Written Oral

Representative Name: _____

Business Name: _____

Address: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Many requests to contact members are received by the WGAW. Because WGAW policies preclude us from releasing personal information (unless given permission to do so), it is assumed that you want your calls to be referred to your representative(s).

If you do not have an agent or do not want your calls referred to your agent, please indicate below to whom you would like inquiries to be directed. If you would like to be contacted directly please write self.

Name: _____

Title: _____

Phone: (_____) _____

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application for videogame writers caucus

SERVICE FEE

WRITERS GUILD
OF AMERICA, WEST

Upon final qualification for membership in the Videogame Writers Caucus, I understand an annual service fee of One Hundred Dollars (\$100) per year will be payable to the Writers Guild of America, West to maintain my active membership in the caucus. I also agree that my first annual service fee will be payable upon final qualification for membership.

Please select one of the following payment options: Check Credit Card

Checks – Please make checks payable to Writers Guild of America, West, Inc., in the amount of One Hundred Dollars (\$100) for the first annual service fee with this application. Please note your check will be processed upon final qualification for membership.

Credit Cards – Upon final qualification for membership, I authorize the Writers Guild of America, West, Inc. to charge One Hundred Dollars (\$100) to my credit card for my first annual service fee with this application.

Visa MasterCard Card Number: _____ - _____ - _____ - _____

Exp. Date _____ / _____ Billing Zip Code _____
Month Year

Print Name (as it appears on credit card): _____

Signature (as it appears on credit card): _____

FOR WGAW FINANCE DEPARTMENT OFFICE USE ONLY

Authorization Number: _____ Batch Number: _____ Accepted Declined

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