

SUMMARY CHECKLIST

Dear Agency:

Thank you for your interest in becoming signatory to the Code of Conduct ("Code") established by the Writers Guild of America, East, Inc. and Writers Guild of America, West, Inc. (collectively, "Guild" or "WGA"). Included in the attached packet are the following forms which need to be completed and returned to us for processing **prior** to your becoming a franchised agency of the WGA.

Please return originals of the following signatory documents:

- Signatory Agency Application
- Notice of Agent for Service of Process

Please submit as applicable:

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

Please submit the following documents relating to your WGA-represented clients:

- Copies of all representation agreements between the Agency and any writer client
- Copies of any agreements between any writer client and a WGA-signatory company for WGA-covered employment or the option or sale of literary material.

We are pleased that you are interested in signing onto the Code of Conduct. If you have any questions about this application or the signatory process, please contact us at (212) 767-7837.

Sincerely,

Agency Department Writers Guild of America, East, Inc. 250 Hudson Street, Suite 700 New York, NY 10013



SIGNATORY AGENCY APPLICATION

d/b/a:		
***Address NO P.O. BOXES OR EQUIVALENT		
Contact	Phone #	
Email	Website	
Federal ID No.	State ID No	
Agency License No		
	or WGA records, correspondence and notices.	
Is your Agency franchised or do you have an application		
🗅 SAG-AFTRA 🗅 DGA		
LIST SUB-AGENTS CURRENTLY EMPLOYED B' (Use another sheet of paper, if necessary)	Y AGENCY:	
LIST PERSONS AUTHORIZED TO SIGN CONTR (Provide complete list using a separate document,		



LIST CURRENT WRITER CLIENTS REPRESENTED BY AGENCY: (Provide complete list using a separate document, if necessary)

Does the applicant currently hold a talent agency license issued by any state or other jurisdiction? If so, list the state(s) and license number(s).

Has applicant ever had a signatory status from the WGA suspended, revoked, or denied or has any disciplinary action of any nature whatsoever been imposed in connection with the holding of such signatory status? If yes, please explain:

Has applicant (or any of its employees) ever been convicted of and/or charged with a crime involving embezzlement, theft, fraud, forgery or dishonest conduct? If yes, please explain:



COMPANY INFORMATION

Company Name:		
Please complete Section A, B or C		
A. CORPORATION LIMITED		
Incorporated/Formed in the State of:		
	Organizational ID#:	
	PRINCIPAL SHAREHOLDERS / MEMBERS**	% OWNED
Chairman:		
Vice Pres:		
Parent Corporation:		
Subsidiaries:		
person who is a principal shareholder/member please	mpany please complete another copy of this form for that entity e complete an INDIVIDUAL INFORMATION form (Page 4). 	
Organized in the State of:		TORE
Date Formed:		
General Partners/Joint Venturers**	Limited Partners**	
	%	
	% %	
who is a partner or joint venturer please complete an	v please complete another copy of this form for that entity. For e INDIVIDUAL INFORMATION form (Page 4).	each person
C. INDIVIDUAL/SOLE PROPRIET(individual, not the fictitious business name.)	ORSHIP (Signatory documents must be filled out with the legal nan	ne of the
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				
	NO P.O. BOXES OR EQUIVALENT				
Home Phone #		Cel	l #:		
Email:					
Primary Source of I	ncome:				
Occupation/Position	ו:				
Employer Address:	NO P.O. BOXES OR EQUIVALENT				
Work Phone #		Type of	Business:		
Name of Spouse: _					
If you are an officer	, owner or partner of any other	agency or pro	oduction company, please indi	icate belov	N :
	Company Name		Relationship to Company	WGA S	Signatory?
				Yes	No
				Yes	No
				Yes	No
				Yes	No



LETTER OF ADHERENCE TO 2019 WGA CODE OF CONDUCT

The undersigned talent agency ("Agency") hereby subscribes to and agrees to be bound by the 2019 Code of Conduct ("Code") promulgated by Writers Guild of America, East, Inc. and Writers Guild of America, West, Inc. (collectively "WGA" or "Guild"). A copy of the Code (including Attachments 1 and 2) dated as of April 13, 2019, is attached hereto.

This Letter of Adherence is effective on the date countersigned on behalf of the WGA below. In the event that, after the effective date of this Letter of Adherence, the WGA enters into a Code of Conduct with any other agency containing terms or conditions more favorable to the agency than those contained in the attached Code, the Agency signatory hereto shall have the option of accepting any or all of the more favorable terms.

Photocopy, facsimile, electronic or other copies of this agreement shall have the same effect for all purposes as a signed original.

AGREED TO AND ACCEPTED

	FULL LEGAL NAME OF COMPANY
By:	SIGNATURE
Name	
	PLEASE PRINT CLEARLY OR TYPE
Title:	PLEASE PRINT CLEARLY OR TYPE
Date:	
on beł	ERS GUILD OF AMERICA, EAST, INC. half of itself and its affiliate ERS GUILD OF AMERICA, WEST, INC
Bv:	
<i>_,</i> .	Sam Wheeler, Executive Director
Date:	

Attachment: Code of Conduct (dated as of April 13, 2019)



NOTICE OF AGENT FOR SERVICE OF PROCESS

The undersigned Agency hereby appoints the following individual as the Agent for Service of Process ("AFSOP") in connection with any matters related to the Code of Conduct ("Code") as promulgated by the Writers Guild of America, East, Inc. and Writers Guild of America, West, Inc. (collectively "WGA" or "Guild").

Should this individual cease to act as AFSOP for any reason whatsoever, Agency agrees to appoint a new AFSOP without delay and immediately submit to the WGA a new Notice of Agent for Service of Process. Agency agrees that all written notices required under the Code which are sent by first class mail, postage prepaid, to Agency's last address, with a copy sent to the below-appointed AFSOP, shall constitute and be valid service under the Code. Agency further agrees that all notices under the Code which may be sent by email, and which are sent to the below-appointed AFSOP's email address, shall constitute and be valid service under the Code. Agency understands that the designated AFSOP will remain in effect until the WGA receives notification from Agency that the AFSOP has been replaced by another individual.

AFSOP must be a resident of the State of New York. Post Office Boxes or the equivalent are prohibited.

This agreement may be executed in multiple counterpart photocopy, facsimile, electronic or other copies, each of which shall be deemed an original and all of which taken together shall constitute one and the same instrument respectively.

PLEASE COMPLETE 1, 2 AND 3 BELOW.

1. NAME OF AGENCY:

By:	
2	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 the Writers Guild of America Code of Conduct:

2 . NAME	OF APPOINTED AC	SENT:
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SIGNATURE

3.

Company/Law Firm (if applicable):		
Address:	NO P.O. BOXES OR EQUIVALENT	
Phone:		
Email:		
APPOINTED AGENT FOR SERVICE OF PROCESS SIGNS HERE:		
By:	Date [.]	

PLEASE PRINT CLEARLY OR TYPE