

Writers Guild of America Public Television Freelance Agreement of 2024 ("2024 Public Television Freelance Agreement")

Dear Company:

Welcome to the Writers Guild of America, East (WGAE) Public Television Freelance Agreement 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:

- Public Television Freelance Agreement 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 2024 Public Television Freelance Agreement
- Guarantee Agreement
- Form 5 B (Letter of Adherence to the Pension Plan & Health Fund)
- 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 PROVIDE A COPY OF EACH WRITER'S AGREEMENT (executed or not)

If you have any questions, feel free to contact Rochelle Rubin at rrubin@wgaeast.org or (212) 767-7837.

Sincerely,

**Writers Guild of America, East, Inc.
250 Hudson Street, 7th Floor
New York, NY 10013**



WRITERS GUILD of AMERICA EAST



WRITERS GUILD OF AMERICA, WEST

**2024 PUBLIC TELEVISION FREELANCE AGREEMENT
SIGNATORY COMPANY APPLICATION**

NAME OF COMPANY: _____

d/b/a: _____

***Address _____
PERMANENT ADDRESS (NOT PRODUCTION OFFICE - 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__



WRITERS GUILD OF AMERICA, WEST

2024 PUBLIC TELEVISION FREELANCE AGREEMENT SIGNATORY COMPANY APPLICATION

CURRENT PROJECT INFORMATION

Project Title: _____

Initial Release:

- Theatrical, Low Budget Agreement (\$1.2 million & below), Live Action, Animation, Television (Network), New Media/Internet (Website)

Table with 2 columns: Name of Writer(s), Date of Employment or Purchase. Includes checkboxes for Option/Purchase and Employment.

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

Table with 2 columns: Written By, Entitled. Lists sources like Story, Treatment, Screenplay, etc.

PRODUCTION INFORMATION

Production Office Information: Production Start Date: _____

Form fields for Street Address, City, State, Zip, Phone#, Fax#, Email.



FINANCIAL INFORMATION FOR CURRENT 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 TO THE WRITERS GUILD OF AMERICA
PUBLIC TELEVISION FREELANCE AGREEMENT OF 2024**

The undersigned Company and the Writers Guild of America, East, Inc., on behalf of itself and its affiliate Writers Guild of America, West, Inc. (hereinafter collectively “WGA”), hereby accept and agree to abide by all of the terms and conditions of the Writers Guild of America Public Television Freelance Agreement of 2024 (“2024 Public Television Freelance Agreement”) effective November 22, 2024 through June 30, 2027.

The Producer-Writers Guild of America Pension Plan and Writers Guild-Industry Health Fund, to which contributions are required by the 2024 Public Television Freelance Agreement, are separate entities and will independently determine whether your company may participate in the Pension Plan and Health Fund. Should your company be acknowledged as a participating employer, only contributions for bona fide covered employment will be accepted by the Pension Plan and Health Fund.

AGREED TO AND ACCEPTED

FULL LEGAL NAME OF COMPANY

By: _____
SIGNATURE

Name: _____
PLEASE PRINT CLEARLY OR TYPE

Title: _____
PLEASE PRINT CLEARLY OR TYPE

Date: _____

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

By: _____
Sam Wheeler, Executive Director

Date: _____



**GUARANTEE AGREEMENT UNDER THE
WRITERS GUILD OF AMERICA
PUBLIC TELEVISION FREELANCE AGREEMENT OF 2024**

Reference is made to the Letter of Adherence to the Writers Guild of America Public Television Freelance Agreement of 2024 (“2024 Public Television Freelance Agreement”) between _____ (“Company”) and Writers Guild of America, East, Inc., on behalf of itself and its affiliate Writers Guild of America, West, Inc. (“WGA”) which is entered into concurrently, with this Guarantee Agreement. 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 2024 Public Television Freelance Agreement by the Company;

You agree to assume all the obligations of the Company incurred by it under each employment agreement and literary purchase agreement entered into at any time during the term of the 2024 Public Television Freelance Agreement.

You agree to assume all the obligations of the Company incurred by it under the 2024 Public Television Freelance Agreement, including but not limited to agreement to be bound by, and be a party to, any grievance and arbitration under the 2024 Public Television Freelance Agreement. You and the Company shall be deemed jointly and severally liable under any grievance or arbitration award;

You agree that service upon the Company pursuant to the 2024 Public Television Freelance Agreement shall constitute service upon the undersigned.

This guarantee is irrevocable. Nothing contained herein shall be construed to relieve Company from its obligations under such employment and sale agreements or its obligations under the 2024 Public Television Freelance Agreement.

AGREED TO AND ACCEPTED

By: _____
INDIVIDUAL’S SIGNATURE

Name: _____
PLEASE PRINT OR TYPE INDIVIDUALS’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

2024 WGA Public Television Freelance 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 Writers Guild of America Public Television Freelance Agreement of 2024 ("2024 Public Television Freelance Agreement") 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 2024 Public Television Freelance Agreement.
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 2024 Public Television Freelance Agreement.
4. Also in accordance with such 2024 Public Television Freelance Agreement 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 2024 Public Television Freelance Agreement 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



**2024 PUBLIC TELEVISION FREELANCE AGREEMENT
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 Public Television Freelance Agreement of 2024.

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 Writers Guild of America, East, Inc., ("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 California. Post Office Boxes or the equivalent are not acceptable.

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: _____