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CANADIAN SCREENWRITERS COLLECTION SOCIETY

Schedule A

APPLICATION FOR MEMBERSHIP AND RIGHTSHOLDER INFORMATION

Please return to: 366 Adelaide Street West, Suite 401, Toronto, Ontario M5V 1R9

WRITER INFORMATION (PLEASE PRINT)

Professional Name: _____

Legal Name: _____

Date of Birth: _____ Male Female
(Month, Day, Year)

Citizenship: Canada USA Great Britain Australia New Zealand Dual Cdn/US Other (specify) _____

Home Address: _____
(Street) (Apt. No.)

(City) (Province/State) (Postal/Zip Code)

Home Telephone: _____ Business Telephone: _____

Fax: _____ Email Address: _____

Corporate Name: _____

Agent: _____ Contact: _____

Telephone No.: _____ Fax: _____

Are you a member of the Writers Guild of Canada? Yes No If yes, Membership No. _____

Are you a member of any other Collection Society or Guild (i.e. SACD, WGA)? Yes No

If yes, please specify _____

APPLICATION FOR CSCS MEMBERSHIP (PLEASE READ CAREFULLY)

I, _____, the undersigned, hereby apply for membership in the Canadian Screenwriters Collection Society (CSCS) and, if accepted, I agree to be bound by and observe the CSCS Membership Agreement, Constitution and By-Laws, Rules, Regulations, Codes, and Agreements of CSCS in effect, or as they may be amended from time to time.

I understand that I may be required to present documentary proof supporting any information set out above. I understand further that should any information set out above prove to be false, CSCS may refuse to grant me membership or may revoke my membership.

I acknowledge that I have read and reviewed the CSCS Membership Agreement and agree to be bound by its terms in effect, or as they may be amended from time to time.

By signing this membership form, I consent that the Canadian Screenwriters Collection Society (CSCS) will collect, use and store my personal information for its own internal records and to process payments received for members. In addition, CSCS is required on occasion to share a member's personal information with external bodies, including other international collecting societies to confirm membership status, to discuss details regarding payments received or in relation to inter-society agreements, or writer credit and legal counsel retained by CSCS in order to defend our members' interests through legal or quasi-legal proceedings. I hereby submit a signed copy of the Membership Agreement in support of this application.

Applicant's Signature

FOR OFFICE USE ONLY

Signature of Witness

DATE RECEIVED FROM APPLICANT: _____

APPROVED BY: _____ INITIATION DATE: _____

INPUT DATE: _____ MEMBERSHIP NO.: _____