

**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 Rightsholder 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 Rightsholder 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 to the Canadian Screenwriters Collection Society (CSCS) collecting, using, disclosing and storing my personal information in accordance with the CSCS Privacy Policy, in order to claim, collect and distribute authors' levy payments on my behalf arising pursuant to copyright laws made in Europe and other jurisdictions. In particular, I consent to the CSCS sharing my personal information with external bodies in order to claim and collect payments on my behalf, including:

1. Other international collection societies to confirm my membership status and to discuss details regarding payments received, inter-society agreements and writer credits;
2. Legal counsel retained by CSCS in order to defend members' interests through legal or quasi-legal proceedings; and
3. Entering my personal information into the Interested Party Information System ("IPI System") managed by the Cooperative Society of Music Authors and Publishers in Switzerland ("SUISA").

In order to facilitate the above, I understand that my personal information will be transferred outside of Canada and may be subject to the laws of other jurisdictions. To learn more about this and your rights under Canadian privacy law, please refer to the CSCS Privacy Policy available at wgc.ca/sites/default/files/2021-03/CSCS_Privacy_Policy.pdf. I hereby submit a signed copy of the Rightsholder Agreement in support of this application.

Applicant's Signature

Signature of Witness

FOR OFFICE USE ONLY

DATE RECEIVED FROM APPLICANT:

APPROVED BY:INITIATION DATE:

INPUT DATE:MEMBERSHIP NO.: