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| **WI ANNUAL REPORT FORM 2024**  Please **PRINT** information clearly, check postcodes, telephone numbers and emails.  To be returned **NO MORE** than 2 weeks after your WIs Annual Meeting with your **Annual Report and** **Financial Statement** to: WI House, 17 Couch Lane, Devizes, Wilts SN10 1EB or email to: [admin@wiltshirewi.org.uk](mailto:admin@wiltshirewi.org.uk)  To ensure our records are up to date please complete this form even if there are no changes to officers.  **If this form is not completed you will not be included in the WI Directory** | | | | | | | | | | |
| WI: |  | | | | | | | | | |
| Charity Reg No (if applicable) | | | |  | | Month Annual Meeting Held: | | |  | |
| **Monthly Meeting Info** | | | | | | | | | | |
| Day: | |  | | | Week in Month: | |  | Time: | |  |
| Place: | |  | | | | | | Postcode: | |  |
| Disabled Access: | | | Full / Partial / None (delete as applicable) | | | | | | | |
| **Committee Meetings** | | | | | | | | | | |
| Day: | |  | | | Week in Month: | |  | Time: | |  |
| Place: | |  | | | | | | Postcode: | |  |

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| **\*\* NEW \*\* DELEGATE FOR 2024**  It is a constitutional requirement that each WI **must** nominate a delegate to represent their WI as a member of the Federation. | | | |
| Name: |  | | |
| Tel No: |  | Email: |  |

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| **TREASURER FOR 2024** | | | |
| Name: |  | | |
| Address: |  | | |
| Tel No: |  | Email: |  |

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| I give consent for the following information to be shared with WIs in Wiltshire (please tick as appropriate) | | | | | | | |
| Name: |  | Contact No: |  | Email: |  | Signed: |  |

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| **PRESIDENT FOR 2024** | | | |
| Name: |  | | |
| Address: |  | | |
| Tel No: |  | Email: |  |

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| I give consent for the following information to be shared with WIs in Wiltshire (please tick as appropriate) | | | | | | | |
| Name: |  | Contact No: |  | Email: |  | Signed: |  |

**PTO…**

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| **SECRETARY FOR 2024** | | | |
| Name: |  | | |
| Address: |  | | |
| Tel No: |  | Email: |  |

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| I give consent for the following information to be shared with WIs in Wiltshire (please tick as appropriate) | | | | | | | |
| Name: |  | Contact No: |  | Email: |  | Signed: |  |
| As Secretary I consent for the following information to be given to potential new members as a contact point for the WI: **Name / Contact No / Email**  (delete as appropriate) | | | | | | | |

**PLEASE ADD ANY ADDITIONAL NAMES / CONTACT DETAILS FOR OTHER COMMITTEE MEMBERS THAT MAY BE OF USE TO WI HOUSE E.G. CORRESPONDENCE SECRETARY. OR ANY COMMITTEE MEMBER THAT WISHES TO RECEIVE AN EMAIL OF THE MAILING.**

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| **ADDITIONAL CONTACT DETAILS:** | |
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If you are happy for your WI Programme to be shared with all WIs, please email a copy to WI House ([fedsec@wiltshirewi.org.uk](mailto:fedsec@wiltshirewi.org.uk)) for inclusion on the WFWI website.