**WI INFORMATION FORM 2020/2021**

**THIS INFORMATION IS URGENTLY REQUIRED BY SFWI and NFWI**

**Please ensure that this form is completed at your ANNUAL MEETING - EVEN IF YOUR OFFICERS DO NOT CHANGE - and return it as soon as possible, but in any event by**

**4th December 2020 at the latest, as per instructions on page 2**

**THIS INFORMATION is confidential and will not be passed to any other parties.**

|  |  |  |
| --- | --- | --- |
| **1.** | **WI Name** (full name of the WI) |  |
|  | **Membership Number** | **SUR** |
| **Meeting place** |  |
| **Meeting place full address**  (including postcode) |  |
| **Meeting details: Day** (eg 2nd Monday) |  |
| **Time** |  |
| **WI website address** |  |
| **2.** | **PERSONNEL :** |  |
| **A.** | **President :** for the coming year  **(if Joint, please list the one to be recorded on MCS)** | Mrs/Miss/Ms  Full name: |
| Address:  (inc postcode) |
| Telephone no |
| Email |
| **B.** | **Secretary :** for the coming year  **(if Joint, please list the one to whom**  **correspondence and mailings should**  **be sent)** | Mrs/Miss/Ms  Full name: |
| Address:  (inc postcode) |
| Telephone no |
| Email |
| **C.** | **Treasurer :** for the coming year | Mrs/Miss/Ms  Full name: |
| Address:  (inc postcode) |
| Telephone no |
| Email |
| **D.** | **WI CONTACT :** Due to the requirements of the Data Protection Act, we need a WI contact who is willing to have her details given out to non-WI members (eg potential new members; speakers who have lost their contacts, etc) | Mrs/Miss/Ms  Full name:  Telephone no: |
|  | **Is the Secretary your WI’s contact for non-WI people** | **YES / NO** |

|  |  |  |
| --- | --- | --- |
|  | If ‘yes’ please note that your signature on page 2 denotes permission to give out your details | |
|  | If the Secretary is unwilling to do this, please fill in the contact details here  **with the Contact’s signature to indicate her permission is granted** | |
|  | **SIGNATURE OF CONTACT** | Mrs/Miss/Ms  Full name: |
| Address:  (inc postcode) |
| Position within this WI | Telephone no |
| Email |
| **3.**  **A.** | **MCS REP:**  (Membership Communication System) | Full name: |
| All WIs should have a MCS Rep to be responsible for inputting and checking data for their WI, so please complete the details here. With the new system, if your MCS Rep changes, the new person should receive an automatically generated email giving their password within 24 hours of being allocated the position. Their email address must be on the database so they can log on once they have received their password. | |
|  | Mrs/Miss/Ms  Full name: |
| Address:  (inc postcode) |
| Telephone no |
| Email |
| **B.** | Is your MCS rep the same as last year? | **YES / NO** |
| **4.** | **SWIN DELIVERY (Newsletter)**  **“Surrey WI News”**  Recipient’s details: | Mrs/Miss/Ms  Full name: |
| Address:  (inc postcode) |
| Telephone no |
| Email |
| Email |
| **6.**  **A.** | Signed  Date | **PRESIDENT** |
| **B.** | Signed  Date | **SECRETARY** |
| **Once the form has been completed, please pass to your MCS Rep and ask her to make any necessary changes on the system BEFORE 4th December 2020. When your MCS Rep has made all the relevant changes, please ask her to send the form to the office.**  **If your WI does not have a MCS Rep or they are unable to do this within this timescale, please send your form to the office as soon as possible but again BEFORE 4th December 2020.** | | |
| IF someone has more than one position of those shown, please ensure that **all positions are listed.** | | |
| **Our MCS REP has/has not \* been able to make all the changes required**  (\*delete as applicable) | | |