**WI INFORMATION FORM 2021/2022**

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

Please ensure this form is completed as soon as possible after your ANNUAL MEETING - **EVEN IF YOUR OFFICERS DO NOT CHANGE** - and return it as soon as possible, by **3 December 2021 at the latest, as per instructions on page 2**

**THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE PASSED TO ANY OTHER PARTIES.**

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| **1.** | **WI Name:** (*full name of the WI*) |  |
| **Membership Number SUR:** |  |
| **Meeting place:** |  |
| **Meeting place full address:** (*incl postcode*) |  |
| **Meeting details: Day** (*eg 2nd Monday*) |  |
| **Time:** |  |
| **WI website Address:** |  |
| **2.**  **A** | **PERSONNEL:** *\*Delete as appropriate* | |
| **Name of President:** | *(Mrs/Ms/Miss/Dr)\** |
| **Name of Vice President:** (*if used)* | *(Mrs/Ms/Miss/Dr)\** |
| **Name of Secretary:** | *(Mrs/Ms/Miss/Dr)\** |
| **Name of Treasurer:** | *(Mrs/Ms/Miss/Dr)\** |
| **MCS Rep:** | *(Mrs/Ms/Miss/Dr)\** |
| **SWIN Delivery**: | *(Mrs/Ms/Miss/Dr)\** |
| **WI Contact:** | *(Mrs/Ms/Miss/Dr)\** |
| **President**: for the coming year (***If Joint, please list the one to be recorded on MCS***)  Please list other Joint President details below: | |
| **President Full name**: (*Ms/Miss/Mrs/Dr*) | **Joint President Full name**: (*Ms/Miss/Mrs/Dr*) |
| **Address**:(inc postcode) | **Address**:(inc postcode) |
| **Telephone no**.: | **Telephone no**.: |
| **Email**: | **Email**: |
| **B.** | **Secretary**: for the coming year  ***(If joint, please list the one to whom correspondence and mailings should be sent)***  **Address**:(inc postcode) | **Full name**: (*Ms/Miss/Mrs/Dr*) |
| **Telephone no.:** |
| **Email**: |
| **C.** | **Treasurer:** for the coming year  **Address**:(inc postcode) | **Full name**: (*Ms/Miss/Mrs/Dr*) |
| **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) | **Full name**: (*Ms/Miss/Mrs/Dr*)  **Telephone no**.: |
| **Is the Secretary your WI’s contact for non-WI people** | **YES / NO** |
| ***If ‘yes’ please note that your signature below 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**  **Position within this WI**: | **Full name**: (*Ms/Miss/Mrs/Dr*) |
| **Address**:(*inc postcode*) | |
| **Telephone no.:** | **Email**: |
| **3.**  **A.** | **MCS REP:** (Membership Communication System)  **Address**:(*inc postcode)* | **Full name**: (*Ms/Miss/Mrs/Dr*) |
| **Telephone no.**: |
| **Email**: |
| **B.** | **Is your MCS rep the same as last year?** | **YES / NO** |
| **4.** | **SWIN DELIVERY (Newsletter) “Surrey WI News”**  **Address**:(*inc postcode)* | **Full name**: (*Ms/Miss/Mrs/Dr*) |
| **Telephone no.**: |
| **Email**: |
| **5.**  **A.** | **PRESIDENT:**  Signed: Dated: | |
| **B.** | **SECRETARY:**  Signed: Dated: | |
| **Once the form has been completed, please pass to your MCS Rep and ask her to make any necessary changes on the system BEFORE 3 December 2021. 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 3 December 2021** | | |
| 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*) | | |