

Surrey Federation of WIs

6 Paris, Parklands, Railton Road, Guildford, Surrey, GU2 9JX 01483 233230 info@surreyfedwi.org.uk www.surreyfedwi.org.uk



WI INFORMATION FORM 2023/2024

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

8th December 2023 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 your WI)	
	Membership Number	SUR
	Meeting place	
	Meeting place full address (incl postcode)	
	Meeting details: Day (e.g. 2 nd Monday)	
	Meeting Time	
	WI website address (if applicable)	
2.	PERSONNEL:	
A.	President: for the coming year	Full name:
	(if Joint, please list the one to be recorded on MCS)	
		Address:(inc postcode)
		Telephone no.
		Email:
В.	Secretary: for the coming year (If Joint, please list the one to whom correspondence and mailings should be sent)	Full name:
		Address (in a pastes da)
		Address:(inc postcode)
		Telephone no
		Email

C.	Treasurer: for the coming year		Full name:		
			Address:(incl postcode)		
			Address.(incl postcode)		
			Telephone no.		
			Email		
_	WILCONITACE D				
D.	WI CONTACT: Due to the requirements of the Data Protection Act, we need a WI contact who		Full name:		
	is willing to have her details given out to non-				
	WI members (e.g., potential new members;				
	speakers who have lost their contacts, etc)		Telephone no:		
	Is the Secretary your WI's contact for n	on-WI	YES / NO		
	people		·		
			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 SIGNATURE OF CONTACT	e ner pe Full na	<u> </u>		
	SIGNATURE OF CONTACT	Full fla	me.		
		Addres	s:(incl postcode)		
		7.00.00	si(me. posteode)		
	Position within this WI	Teleph	one no		
	r osicion within this wi	Email	one no		
3.	MCS REP: (Membership Communication System)				
			le for inputting and checking data for their WI, so please		
A.	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 data		they can log on once they have received their password.		
		Full na	me		
		Addres	s:(incl postcode)		
		Addres	s.(Inc. postcode)		
		Tolonh	one no		
		Email	one no		
В.	Is your MCS rep the same as last year?	YES / N	10		
4.	SWIN DELIVERY (Newsletter)	Full na			
	"Surrey WI News"	Addres	s:(incl postcode)		
	Recipient's details:		· · ·		
		Teleph	one no		
		Email	one no		
6.	PRESIDENT:	Lillan			
Α.	Signed:		Date:		
	SECRETARY:				
В.	Signed:		Date:		
Once	Once the form has been completed, please pass to your MCS Rep and ask her to make any necessary changes				
on the system BEFORE 8 th December 2023. 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.					
IF someone has more than one position of those shown, please ensure that all positions are listed.					