

1.

WI Name (full name of your WI)

Surrey Federation of WIs

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WI INFORMATION FORM 2024/2025

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 returned **by no later than 6**th **December 2024**

PLEASE NOTE: Once this form has been completed, please pass to your MCS Rep and ask her to make any necessary changes on the system BEFORE 6th December 2024. 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 the timescale, please send your form to the office as soon as possible so that the office can make the changes on your behalf.

*Note about MCS Email Addresses: Email 1 is for members to access and use MyWI and Email 2 is if you have a SFWI or WI email address this can be put into this box, if your WI are using office 365 surrey federation email address this will be used for SFWI mailings, and you will **not** get printed copies unless requested.

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

	SUR No.				
	Meeting place Name				
	Meeting place full address (incl postcode)				
	Meeting details: Day (e.g. 2 nd Monday)				
	Meeting Time				
	WI website address (if applicable)				
2.	Your WI Officers:				
Α.	President: for the coming year (if Joint, please list the one to be recorded on MCS)				
	Full name:				
	Address:(inc postcode)				
	Telephone:		Mobile:		
	1CS Email 1:				
	*MCS Email 2:				

В.	Secretary: for the coming year (If Joint, please list the one to whom correspondence and mailings should be sent to)					
	Full name:					
	Address:(inc postcode)					
	Telephone:		Mobile:			
	*MCS Email 1:					
	*MCS Email 2:					
C.	Treasurer: for the coming year					
	Full name:					
	Address:(inc postcode)					
	Telephone:		Mobile:			
	*MCS Email 1:					
	*MCS Email 2:					
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 (e.g., potential new members; speakers who have lost their contacts, etc)					
	Is the Secretary your WI's contact for non-WI people		Yes/No			
	Full name:					
	Telephone:		Mobile:			
	*MCS Email 1:					
	*MCS Email 2:					
	If your secretary is unable to do this, please fill in the details below with the Contact's signature to indicate her permission is granted					
	Signature of Contact:					
	Position within this WI:					
	Full Name:					
	Address: (Incl Postcode)					
	Telephone:	Мо	bile:			
	*MCS Email 1:					
	*MCS Email 2:					

3.	MCS REP: (Membership Communication System)				
	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. **Please check that all your members MCS records are up to date and correct ie email addresses, contact				
	phone numbers etc**				
	Is your MCS rep the same as last year?	YES / NO			
	Full name: Address:(incl postcode)				
	Telephone:	Mobile:			
	*MCS Email 1: *MCS Email 2:				
	PRESIDENT:				
4A.	Signed:	Date:			
В.	SECRETARY:				
	Signed:	Date:			
	IF someone has more than one position of those shown, please ensure that all positions are listed.				