**WI INFORMATION FORM 2025/2026**

**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 **5 December 2025 at the latest, as per instructions on page 3**

**THIS INFORMATION IS USED TO COMPILE CONTACT SHEETS FOR FEDERATION STAFF, VOLUNTEERS, PROSPECTIVE MEMBERS AND OTHER WIs**

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| **1.** | **WI Name** (*full name of your WI*) |  |
|  | **SUR No.** |  |
| **Meeting place name** |  |
| **Meeting place full address** (*incl postcode*) |  |
| **Meeting details: Day** (*e.g. 2nd Monday*) |  |
| **Meeting Time** |  |
| **WI website address** (*if applicable*) |  |

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| **2a** | **PERSONNEL** |  |
| **Name of President:** |  |
| **Name of Vice President:** (*if used)* |  |
| **Name of Secretary:** |  |
| **Name of Treasurer:** |  |
| **MCS Rep:** |  |
| **WI Contact:** |  |

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| **b** | **President / Joint President**: for the coming year (***If Joint, please list the one to be recorded on MCS***) | |
| **President Address:** | **Joint President Address:** |
| **Telephone no**.: | **Telephone no**.: |
| **Email**:  @surreyfedwi.org.uk | **Email**:  @surreyfedwi.org.uk |

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| **c** | **Secretary / Joint Secretary**: for the coming year (***If Joint, please list the one to be recorded on MCS***) | |
| **Secretary Address:** | **Joint Secretary Address:** |
| **Telephone no**.: | **Telephone no**.: |
| **Email**:  @surreyfedwi.org.uk | **Email**:  @surreyfedwi.org.uk |

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| **d** | **Treasurer / Joint Treasurer**: for the coming year (***If Joint, please list the one to be recorded on MCS***) | |
| **Treasurer Address:** | **Joint Treasurer Address:** |
| **Telephone no**.: | **Telephone no**.: |
| **Email**:  @surreyfedwi.org.uk | **Email**:  @surreyfedwi.org.uk |

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| **d.** | **WI CONTACT:**  Due to the requirements of the Data Protection Act, we need a WI contact who is willing to be the contact point with non-WI members (eg potential new members; speakers, etc) | | | |
| **Full name**: |  | | |
| **Telephone no.** |  | | |
| **Email**: | @surreyfedwi.org.uk | | |
| **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** | | **Name:** | |
| **Position within this WI**: | |  | |
|  | **Email address:** | |  | |

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| **3A** | **MCS REP:** (*Membership Communication System*) | | |
| **Name:** |  | |
| **Telephone Number** |  | |
| **Email:** | @surreyfedwi.org.uk | |
| **b.** | **Is your MCS rep the same as last year?** | | **YES / NO** |

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| **4a** | **PRESIDENT:**  Signed: Dated: |
| **b.** | **SECRETARY:**  Signed: Dated: |
| **Once the form has been completed, please pass to your MCS Rep to make any necessary changes on MCS BEFORE 5 December 2025. When your MCS Rep has amended any new details, please send the form to the office. If your WI does not have a MCS Rep or are unable to do this within the timescale, please send your form to the office as soon as possible but BEFORE 5 December 2025** | |
| 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*) | |