

Surrey Federation of WIs

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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

1.	WI Name (full name of your	WI)	
	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 a	PERSONNEL		
	Name of President:		
	Name of Vice President: (if used)		
	Name of Secretary:		
	Name of Treasurer:		
	MCS Rep:		
	WI Contact:		

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:	Email:			
	@surreyfedwi.org.uk	@surreyfedwi.org.uk			
С	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			
	@surreyreawi.org.uk	@surreyreawi.org.uk			
d	Treasurer / Joint Treasurer: for the coming year (If Jo				
	Treasurer Address:	Joint Treasurer Address:			
	Total Control of the	T .11			
	Telephone no.:	Telephone no.:			
	Email:	Email:			
	@surreyfedwi.org.uk	@surreyfedwi.org.uk			
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; s	peakers, etc)			
	Full name:				
	Telephone no.				
	Email:	@surreyfedwi.org.uk			
	Is the Secretary your WI's contact for non-WI people	· ·			
	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:				

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		
4a	PRESIDENT:				
	Signed:		Dated:		
	SECRETARY:				
b.	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 <u>all positions are listed</u> .				
Our MCS REP has/has not* been able to make all the changes required (*delete as applicable)					