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| **WI Annual Report Form**  To be completed and returned immediately after the WI Annual Meeting to  West Kent Federation, Ethel Hunt Lodge, 4 Hawkwell Business Centre, Maidstone Road,  Pembury, Tunbridge Wells, Kent TN2 4AG  **PLEASE COMPLETE ALL SECTIONS**   |  |  | | --- | --- | | **WI Name:** |  | | **Group:** |  | | **Formation date:** |  | | **Date of Annual Meeting:** |  | | **Financial Year End:** |  | |

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| Please enclose each of the following to the Federation Office **immediately** after your Annual Meeting *(please tick)*  ☐ Current Financial Statement ☐ Budget  *(fully signed, complete – photocopies are not acceptable)*  ☐ Committees/Secretaries Annual Report ☐ 2024 Programme |

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| --- | --- | --- | --- | --- | --- |
| **Monthly Meetings**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | * Average Meeting Attendance |  |  | * Number of Meetings held |  | |

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| **Member Subscriptions**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | * Number of Full Members Paid by 1 May |  |  | * Number of Dual Members |  | | * Number of New Members Enrolled this Year |  |  | * Number on Waiting List |  | |

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| **Committee**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | * Number of Committee Members |  |  | * Committee Meetings held |  | | * By-Laws Passed/Altered at Annual Meeting ☐ YES ☐ NO   *(if yes, please give details)*   |  | | --- | |  | | | | | | | | * Have you experienced any difficulties within your WI during the year? ☐ YES ☐ NO   *(if yes, please give details)*   |  | | --- | |  | | | | | | | |

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| Would you be interested in assisting at Federation events in the future?  Catering ☐ YES ☐ NO  Selling Raffle Tickets ☐ YES ☐ NO  Stewarding ☐ YES ☐ NO |

**PLEASE RETURN ALL FORMS TO THE FEDERATION OFFICENO LATER THAN FRIDAY 27 JUNE 2025**

Reg. Charity No. 1188341

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| **Appointment of Officers**  **Details of your Institute and Trustees**  **PLEASE COMPLETE ALL SECTIONS BELOW CLEARLY** |

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| **Monthly Meetings**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Week and Day: |  | | Time: |  | | Venue incl Postcode: |  | | | | | Number of Members: |  |  | | | |

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| **President**   |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  | | | | Address incl Postcode: |  | | | | Tel No: |  | Email: |  |   I give my permission for my contact details to be used by the Federation office *(please tick)* ☐  I have taken on the role as a new Officer *(please tick)* ☐   |  |  | | --- | --- | | Signature: |  | |

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| **Secretary**   |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  | | | | Address incl Postcode: |  | | | | Tel No: |  | Email: |  | |   I give my permission for my contact details to be used by the Federation office *(please tick)* ☐  I have taken on the role as a new Officer *(please tick)* ☐   |  |  | | --- | --- | | Signature: |  | |

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| **Treasurer**   |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  | | | | Address incl Postcode: |  | | | | Tel No: |  | Email: |  | |   I give my permission for my contact details to be used by the Federation office and IFE *(please tick)* ☐  I have taken on the role as a new Officer *(please tick)* ☐   |  |  | | --- | --- | | Signature: |  | |

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| **MCS Rep**   |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  | | | | Address incl Postcode: |  | | | | Tel No: |  | Email: |  | |   I give my permission for my contact details to be used by the Federation office *(please tick)* ☐   |  |  | | --- | --- | | Signature: |  | |

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| **Social Media Details**   |  |  |  |  | | --- | --- | --- | --- | | Twitter: |  | Website: |  | | Facebook: |  | Other: |  | |

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| **Date:** |  |

**This form is available to download from our website –** [**www.thewi.org.uk/westkent**](http://www.thewi.org.uk/westkent)