|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monthly Meetings**

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

 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)*

|  |
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| * 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 ☐ NOSelling Raffle Tickets ☐ YES ☐ NOStewarding ☐ YES ☐ NO |

**PLEASE RETURN ALL FORMS TO THE FEDERATION OFFICENO LATER THAN FRIDAY 28 JUNE 2024**

Reg. Charity No. 1188341

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |

 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)