

# WI Annual Meeting Report

## PLEASE COMPLETE ALL SECTIONS AFTER YOUR ANNUAL MEETING

WI Name.....  
Formation date .....  
Date of Annual Meeting.....  
Date of Financial Year End.....

Please enclose each of the following to the Federation Office immediately after your Annual Meeting  
(PLEASE TICK)

- One Current Financial Statement (photocopies are not acceptable)
- Annual Report Form for the Federation (can be emailed)
- Committees/Secretaries Annual Report (can be emailed with the Annual Meeting Report form)
- Programme (can be emailed with the Annual Meeting Report form)

### Monthly Meetings

- Day & Week.....
- Time.....
- Venue.....
- Postcode.....
- Average Meeting Attendance.....
- Number of Meetings held .....

### Member Subscriptions

- Number of Full Members Paid By 31<sup>st</sup> August.....
- Number of Dual Members.....
- Number of New Members Enrolled This Year.....
- Do you claim Gift Aid? YES/NO  
If so, how many members do you claim for .....

### Committee

- Number of Committee Members.....
- Committee Meetings held .....
- By-Laws Passed/Altered at Annual Meeting (If yes, please give details) YES/NO  
.....
- Have you experienced any difficulties within your WI during the year? (If yes, please give details) YES/NO  
.....
- Would you be interested in assisting at Federation events in the future?  
Selling Raffle Tickets YES/NO  
Stewarding YES/NO

**The new General Data Protection Regulation (GDPR)** came into force on 25<sup>th</sup> May 2018 and requires that WYFWI needs to have your consent to use the personal data we have from you. We only collect Officers personal information that is necessary for the purpose of administering the WI membership and sharing information with you for the benefit of your WI and Members. We do not share information to third parties for marketing purposes, but we do require that one officer (usually Secretary) consents to her information being passed to prospective members.

## DETAILS OF YOUR INSTITUTE TRUSTEES & MCS REPRESENTATIVE for the forthcoming year

If you have a member who is new to any of the positions noted below they **MUST** complete AND sign this form before it is returned to the Federation Office.

<b>PRESIDENT</b>	<b>CONSENT to be completed if you're are new to any position below</b>	<b>Please tick box</b>
<b>Full Name</b>	I give my consent to be contacted by WYFWI	
<b>Address</b>	I give my consent for my contact details to be passed to a prospective member	
	I give my consent for my contact details to be published on the Friends List	
Postcode		
<b>Telephone</b> H: M:	E:  Signed _____ Date _____	
<b>TREASURER</b>		
<b>Full Name</b>	I give my consent to be contacted by WYFWI	
<b>Address</b>	I give my consent to be contacted by FIFE's (where applicable)	
Postcode		
<b>Telephone</b> H: M:	E:  Signed _____ Date _____	
<b>SECRETARY</b>		
<b>Full Name</b>	I give my consent to be contacted by WYFWI	
<b>Address</b>	I give my consent for my contact details to be passed to a prospective WI member	
	I give my consent for my contact details to be published in the WYFWI Year Book	
Postcode	I give my consent for my contact details to be published on the Friends List	
<b>Telephone</b> H: M:	E:  Signed _____ Date _____	
<b>MCS Rep</b>		
<b>Full Name</b>	I give my consent to be contacted by WYFWI	
<b>Address</b>		
Postcode		
<b>Telephone</b> H: M:	E:  Signed _____ Date _____	

Please note: information give on this forms will remain confidential, kept securely and used for WI administration purposes only.