

Please ensure this completed form is returned to WI House as soon as possible following your 2024 WI Annual Meeting

BEDFORDSHIRE COUNTY FEDERATION OF WOMEN'S INSTITUTES
ANNUAL REPORT & ELECTION OF OFFICERS FORM 2024

Please complete this form using as much detail as possible, even if you believe we may already have the information requested.

Section 1 - Legal & administrative information

NAME OF WI:	
FINANCIAL YEAR END:	/ /
ARE YOU A REGISTERED CHARITY:	Yes / No If yes complete next section.
CHARITY REGISTER NUMBER AND PRINCIPAL ADDRESS:	

MONTHLY MEETINGS

DAY:	WEEK IN MONTH:	TIME:
PLACE:		

COMMITTEE MEETINGS

DAY:	WEEK IN MONTH:	TIME:
PLACE:		

ANNUAL MEETING

DAY:	WEEK IN MONTH:	MONTH:	TIME:
PLACE:			

MAIN EMAIL CONTACT FOR WI: _____.

Due to GDPR we suggest you setup a generic email address rather than using personal address. We can provide one for you please contact the office for more information. This information will be printed in the next issue of the Federation Handbook.

PRESIDENT FOR THE COMING YEAR:

NAME:
TELEPHONE:
EMAIL:

SECRETARY FOR THE COMING YEAR:

NAME:
TELEPHONE:
EMAIL:

TREASURER FOR THE COMING YEAR:

NAME:
TELEPHONE:
EMAIL:

MCS REP FOR THE COMING YEAR:

NAME:
TELEPHONE:
EMAIL:

Section 2 - Declaration

The Trustees (committee members) have approved the attached Annual Committee Report read at the last Annual Meeting.

President's signature

Full Name Date

Have you remembered to enclose the following?

- 1) Annual Committee Report
- 2) Your latest WI programme
- 3) Your latest Financial Statement (if not already sent)