

THIS FORM MUST BE COMPLETED BY ALL WIs AND RETURNED TO THE OFFICE BY 30th NOVEMBER 2019

Name of WI

How many members at 31st March 2019

Number of new members enrolled during 2018

How many members left or not renewed

Annual Meeting Date: Website address if applicable:

Do you have any members willing to serve on LFWI sub-committees or train to be a WI Adviser?

Please give details

.....

Your WI Venue address including postcode:

.....

Is it suitable for Federation events?

Maximum capacity

Contact for booking purposes:

.....

Is there disabled access?

.....

Monthly meetings: Day

Week in month:

Time:

We do not meet in (month)

Training Requirements. Are there any specific topics you would like to be included?

.....

Signed on behalf of the Committee:

.....

.....

**PRESIDENT) FOR THE PAST YEAR
SECRETARY)**

CHANGE OF OFFICER INFORMATION

IMPORTANT: ONLY COMPLETE THIS INFORMATION IF THERE IS A CHANGE FROM THE PREVIOUS YEAR. FOR EXAMPLE IF PRESIDENT HAS CHANGED AND ALL OTHER OFFICERS REMAIN THE SAME, ONLY COMPLETE PRESIDENT SECTION. Please print clearly.

Each person should note that by providing this information they are giving permission for the details to be used by LFWI solely for WI purposes.

Programme Secretary

Name Telephone Email

President:

Name

Address

Postcode Telephone

Email

Secretary:

Name

Address

Postcode Telephone

Email

Treasurer:

Name

Address

Postcode Telephone

Email