Please ensure this completed form is returned to WI House as soon as possible following your 2023 WI Annual Meeting

BEDFORDSHIRE COUNTY FEDERATION OF WOMEN’S INSTITUTES

# ANNUAL REPORT & ELECTION OF OFFICERS FORM 2023

# 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 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)