# 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 EI	ND: /	1				
ARE YOU A REGISTERED CHARITY: Yes / No If yes complete next section						
CHARITY REGISTER	R NUMBER AND P	RINCIPAL AD	DRESS:			
MONTHLY MEETING	· c					
DAY:	WEEK IN	TIME:				
PLACE:	I					
DAY: WEEK		EEK IN MONTH:		TIM	TIME:	
PLACE:						
ANNUAL MEETING DAY: WEEK IN MONTH:			MONTH: TIME:			
PLACE:	WEEK IN MONTH:		MONTH:		I IIVIE:	
address. We	ve suggest you s can provide one	etup a gener for you plea	ic email address r se contact the offi next issue of the F	ice for r	nan using persona nore information. on Handbook.	
PRESIDENT FOR TH	IF COMING YEAR					
NAME:		<del>-</del>				
TELEPHONE:						
EMAIL:						
		_				
SECRETARY FOR TO NAME:	HE COMING YEAR	₹:				
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 programme3) Your latest Financial Statement (if not already sent)