

SOUTH YORKSHIRE FEDERATION OF WOMEN'S INSTITUTES

ANNUAL REPORT FORM

FOR _____ **WI**

TO BE COMPLETED AND RETURNED IMMEDIATELY AFTER THE WI ANNUAL MEETING TO THE FEDERATION OFFICE

1. Name of WI _____

2. Membership at 1st October: This year _____ Last year _____

New members enrolled during the year _____

Number on the waiting list, if any. _____

3. Monthly meetings (average attendance) _____ How many meetings held (WI rule VIII) _____

4. Committee Meetings: Was there an election for committee? _____ Number of members on committee _____

Number of meetings held _____ What sub-committees do you have? _____

5. Has your WI passed any bye-laws or changed any Decisions during the year? If so give details: _____

6. How many of your members are subscribers to News 'N Views? _____

7. Have you had a visit from one of the Trustees, WIA or sub-committee member during the last year? _____

If yes please give details: _____

8. How many of your members have attended courses at Denman College during the past year? _____

Please give details _____

Do you grant a Bursary and/or offer help towards the expenses of members attending such courses? _____

9. National and Federation meetings. Note: Delegates' expenses must be paid out of WI funds.

Did you sent a delegate to:

The NFWI Annual Meeting? _____

The Federation Council Meetings ? _____

Any other Federation or NFWI events? _____

Have any of your members attended any Federation or NFWI events in a non-delegate capacity? If so please give details.

FOR THE COMING YEAR

Name of WI _____

(Please enclose your new programme and your annual financial statement)

Monthly meetings:

DAY _____ WEEK IN MONTH _____ TIME _____

MONTH IN WHICH ANNUAL MEETING IS HELD _____ VENUE _____

ADDRESS _____

POST CODE _____ CONTACT TEL: NO: (including code) _____

Committee meetings:

DAY _____ WEEK IN MONTH _____ TIME _____

PLACE _____

PRESIDENT for the coming year

NAME _____

ADDRESS _____

POST CODE _____ CODE & TEL: _____ EMAIL _____

SECRETARY for the coming year

NAME _____

ADDRESS _____

POST CODE _____ CODE & TEL: _____ EMAIL _____

TREASURER for the coming year

NAME _____

ADDRESS _____

POST CODE _____ CODE & TEL: _____ EMAIL _____

MCS REPRESENTATIVE for the coming year

NAME _____

ADDRESS _____

POST CODE _____ TELEPHONE NUMBER _____

Signed _____ **President** for the past year (date) _____

Signed _____ **Secretary**