SOUTH YORKSHIRE FEDERATION OF WIS ANNUAL REPORT FORM

FOR	WI
ANNUAL MEETING HELD ON	YEAR

TO BE COMPLETED AND RETURNED IMMEDIATELY AFTER YOUR WI ANNUAL MEETING TO THE FEDERATION OFFICE TOGETHER WITH:FINANCIAL STATEMENT, PRESIDENT'S REPORT, TRUSTEE'S REPORT AND COPY OF YOUR WI PROGRAMME FOR THE COMING YEAR.

1. Date of Financial Year End
2. Membership at date of Annual Meeting: This year Last 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 committee 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. Have you had a visit from a Federation Trustee, WI Adviser or sub-committee member during the last year? If yes please give details:

FOR THE COMING YEAR			
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:			
DAYW	/EEK IN MONTH	TIME	
PLACE			
PRESIDENT for the coming year			
NAME		<u> </u>	
ADDRESS			
POST CODE CODE &T	EL:EMAIL		
I agree for my name and email address to be added to the online Contact List on SY Website \Box			
SECRETARY for the coming year			
NAME			
ADDRESS			
POST CODE CODE &T		_	
I agree for my name and email address to be added to the online Contact List on SY Website ☐			
TREASURER for the coming year			
NAME			
ADDRESS			
POST CODE CODE &T	EL: EMAIL		
MCS REPRESENTATIVE for the coming year			
NAME			
CODE & TEL	EMAIL		
NAME OF WI ADVISER (IF PRESENT) OR NAMES OF TELLERS AND THEIR WI			
NAME			
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Signed	President for the past year (dat	e)	
Signed	Secretary for the past year (date)	