**Isle of Ely Federation of Women’s Institutes**

**Monthly Report Form**

To be sent, immediately after your meeting to:

WI Office, March Community Centre, Station Road, March, PE15 8LE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of WI | |  | | |
| Date of Meeting | |  | | |
| Subject | |  | | |
| Speaker | |  | | |
| Contact details, if not in the Yearbook | |  | | |
| Address: | |  | | |
|  | |  | | |
| Phone: | | Email: | | |
|  |  |  | |
| Brief Description of the Meeting |  | |  | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

**Please fill in all areas.**

Please be honest in your assessment of the speaker.

|  |  |
| --- | --- |
| Cost of Speaker | £ |
| Donation | £ |
| Or Gift |  |
|  |  |  |  |
| Signed |  | WI President |  |
| Signed |  | WI Secretary |  |
| Date |  |