**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 |  |  |
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**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 |  |