

WI MEMBERS' DETAILS CAPTURE FORM



Please complete in BLOCK CAPITALS

Federation			Date Joined / /		
WI					<input type="checkbox"/> Primary Institute <input type="checkbox"/> Dual Institute
Title		Forename			
Surname					
Preferred Salutation					
Address					
Town		County			
Postcode					
Country					
Daytime telephone number					
Evening telephone number					
Mobile telephone number					
Email address					

MEMBERSHIP OF OTHER ORGANISATIONS

<input type="checkbox"/> Townswomen's Guild	<input type="checkbox"/> ACWW	<input type="checkbox"/> NAFAS	<input type="checkbox"/> National Trust
<input type="checkbox"/> Royal Horticultural Soc.	<input type="checkbox"/> Uni of 3 rd Age	<input type="checkbox"/> RSPB	<input type="checkbox"/> Wildlife Trust
<input type="checkbox"/> WFU	<input type="checkbox"/> Other:		

YOUR INTERESTS

<input type="checkbox"/> Art	<input type="checkbox"/> Drama	<input type="checkbox"/> Health	<input type="checkbox"/> Reading	<input type="checkbox"/> Other:
<input type="checkbox"/> Beauty/Fashion	<input type="checkbox"/> Environment	<input type="checkbox"/> Heritage	<input type="checkbox"/> Scrabble	
<input type="checkbox"/> Bridge	<input type="checkbox"/> Folk dancing	<input type="checkbox"/> IT/computing	<input type="checkbox"/> Sports/recreation	
<input type="checkbox"/> Cookery	<input type="checkbox"/> Food/drink	<input type="checkbox"/> Keep Fit	<input type="checkbox"/> Theatre/cinema	
<input type="checkbox"/> Craft	<input type="checkbox"/> Gardening	<input type="checkbox"/> Music	<input type="checkbox"/> Travel	
<input type="checkbox"/> DIY	<input type="checkbox"/> Golf	<input type="checkbox"/> Needlework	<input type="checkbox"/> Walking	

From time to time, the NFWI may pass the information it holds about you to carefully selected third parties, subsidiaries and associated companies, to keep members informed of special offers, products and services that may be of interest.

If you do not want your details passed to these organisations, please tick this box

INSTRUCTIONS

WI member:	On completion please hand this form to your WI Secretary or MCS Rep, who will enter your details onto the Membership Communication System (MCS).
WI Secretary:	If your WI does not have an MCS Rep please contact your federation to find out about appointing one, or alternatively pass this form to the Federation Secretary to enter the details onto the MCS for you.