



ENROLLMENT FORM

Managed by:



In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, BWC's Division of Safety & Hygiene and your local safety council co-sponsor this service.

In signing this enrollment form, the employer makes a commitment to send representatives to the majority of safety council meetings and to submit semi-annual reports by the deadline dates.

Enrollment date _____

Employer name _____

Address _____ City _____ Zip _____

Phone number _____

E-mail address _____

Average number of employees _____

Type of work _____

BWC policy number _____

Printed name _____

Title _____

Signature _____

<p>Safety Council Account Number To be completed by the Safety Council before submitting to DSH</p> <p>_____ / _____ / _____ / _____</p>
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Annual Membership Fees:	# of Employees	Annual Dues
	1 – 100	\$ 50.00
	101 +	\$100.00

Payment Enclosed Invoice me – Attention: _____
(Make checks payable to: Bowling Green Chamber of Commerce; write WC Safety Council in memo line)

Credit Card: Visa Mastercard Card# _____

Name on Card: _____ Expiration Date _____

Verification Code: _____ Zip Code: _____

Email Address for Receipt: _____

(A \$3.95 processing fee will be added)

Authorized Signature: _____

Printed Name: _____