



WEST CENTRAL OHIO SAFETY COUNCIL NEW ENROLLMENT FORM

By signing this enrollment form, our company is in accord with an effort to reduce the number of workplace accidents occurring to our employees, and desire to enter our company in the safety council program. We will cooperate with the safety council in furnishing semi-annual reports as requested and will make every effort to have a representative of our company attend all the meetings sponsored by the safety council.

Enrollment Date _____

Name & Title of Contact Representative: _____

Company Name _____

Address _____

City/State/Zip Code _____

Phone #: _____ Fax # _____

E-mail address _____

Average Number of Employees _____ BWC Policy Number _____

Type of Work: _____

Print Your Name: _____

Title: _____

Your Signature: _____

To Be Completed By the Safety Council
Safety Council Account Number
(Must be completed before forwarding to DSH)

_____ / ____ ____ / ____ ____ / ____ ____

Additional Reps:

Name of Representative email address

Name of Representative email address

Please return completed form to DKatz@limachamber.com or fax (419) 229-0266