



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 _____

Company Name _____

Name & Title of Contact Representative: _____

Address _____

City/State/Zip Code _____

Phone #: _____ Email: _____

Average Number of Employees _____ BWC Policy Number _____

Type of Work: *(ie retail, construction, etc)* _____

Contact Rep Manager's Name & Title _____

Manager's Phone #: _____ Email: _____

Your Signature: _____

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

*This Box To Be Completed By the Safety Council Manager Only
(Must be completed before forwarding to DSH)
Safety Council Account Number*

_____ / _____ / _____ / _____

_____ Emailed to BWC _____ Invoiced _____ Member Tracking Spsht _____ Semi Annual