

## WEST CENTRAL OHIO SAFETY COUNCIL

## FY 2020 Meeting Schedule

Howard Johnson, 1920 Roschman Ave, Lima 2nd Tuesday of each month, 7:30am-9:00am

2019 - July 9, Aug 13, Sept 10, Oct 8, Nov 12, Dec 10 2020 - Jan 14, Feb 11, Mar 10, Apr 14, May 12, June 9

419.222.6708 • dkatz@limachamber.com \$200 Annual Dues - billed in June

The West Central Ohio Safety Council is an organization co-sponsored by the Ohio Bureau of Workers' Compensation, Division of Safety & Hygiene and the Lima/Allen County Chamber of Commerce. Our mission is to increase the awareness and the importance of safety, health, and wellness to area businesses and communities of the West Central Ohio/ Greater Lima Region.

To view our meeting dates/topics, member attendance sheet, BWC classes, and eNews, or to download the semi-annual report and/or enrollment form, please visit our website at https://limachamber.com/membership/opportunities/safety-council





## WEST CENTRAL OHIO SAFETY COUNCIL NEW ENROLLMENT FORM

## Annual Dues: \$200/person includes all 12 regular monthly meetings

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.

Our meetings are on the second Tuesday of each month, 7:30-9am at the Howard Johnson at 1920 Roschman Ave, Lima, OH and include a warm buffet breakfast. Our mission is to bring safety, health, and wellness to the workplaces and communities of the Greater Lima Region. We provide a wonderful opportunity for monthly networking with other safety professionals at relative safety and wellness presentations. There are typically from 120-140 safety council members in attendance at each of our monthly meetings. We also keep you informed about important workers comp due dates for true-ups and other required reporting for possible rebate eligibility via emails and the monthly newsletter.

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Enrollment D	ate:					
Company Nar	me:					
Name & Title	of Contact Representati	ve:				
Address:						
City/State/Zi	p Code:					
Phone #:		Email:				
Average Num	ber of Employees	BV	VC Policy Numb	er:		
Type of Work	: (ie mfg,construction, etc)					
Contact Rep N	Manager's Name & Title					
Manager's Ph	ione #:	E	mail:			
Your Signatur	e:					
Additional Rep	<b>DS:</b>					
Name of Repre	sentative	email address				
Name of Repre	sentative		email address			
	eted form to <mark>DKatz@limach</mark> To Be Completed By the Sa		r Only- (Must be d		<b>H 45801 or fax (419) 229-0266</b> fore forwarding to DSH)	
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