



# 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 \_\_\_\_\_

**Safety Council Account Number**  
 To be completed by the Safety Council before submitting to DSH

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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: \_\_\_\_\_