

SAFETY COUNCIL NEW MEMBER ENROLLMENT FORM

BWC's Division of Safety & Hygiene co-sponsors safety councils to provide Ohio employers with access to occupational safety and health, workers' compensation and risk management education, networking and resource sharing.

In completing this enrollment form, the employer makes a commitment to send representatives to monthly safety council meetings.

Enrollment date: _____

Employer name: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

E-mail address: _____

BWC policy number: _____

Printed name: _____

Title: _____

Signature: _____

Email this completed form to Kim@regionalchamber.com.

Directed Locally By:

