



2018-19 SAFETY COUNCIL NEW ENROLLMENT FORM



*In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and worker's 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, submit both semi-annual reports by the deadline dates and send either the CEO or Senior Level Manager to (1) meeting. **Regular meetings held 3rd Weds of every month.***

Enrollment Date: _____ Average number of employees: _____

Company Name: _____

Address: _____

City: _____ State: Ohio Zip: _____

Key Safety Contact: _____ Phone: _____

VERY IMPORTANT - All Safety Council communication is sent via email. Please add Renaee@ashlandoh.com to your contacts and white list, so we arrive in your inbox! Do you want others to receive Safety Council emails? Please add additional emails to back of this form - thanks!

Key Contact email: _____

Chamber Member Discount rate:

- Premier - ALL mtgs
- Deluxe - 14 mtgs
- Basic - 11 mtgs
- Pay as you go
- I'm a non-Chamber Member
- Please add me as an Auxiliary member.

Approved by: _____

Please use this PO# for invoicing: _____

BWC Policy Number _____

Add your BWC # above

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Safety Council fills in these

Please return form by: July 31, 2018

Please fax or mail completed form to:

Ashland Area Chamber of Commerce w 211 Claremont Ave., Ashland, OH 44805
(419) 281-4584 / (419) 281-4585 fax / www.ashlandoh.com / renae@ashlandoh.com