

OHIO 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 workers' compensation in Ohio, the BWC's Division of Safety & Hygiene and your local safety council co-sponsor this program.

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.

Company Name _____

Address _____

Telephone: _____

Average Number of Employees _____

Type of Work _____

BWC Policy Number _____

Enrollment Year _____

Name _____

Signature _____

Title _____

<p>To Be Completed By the Safety Council Safety Council Account Number</p> <p>_____ / _____ / _____ / _____</p>
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MID-OHIO VALLEY SAFETY COUNCIL
Member Information Form

Please complete the following and return it to the Mid-Ohio Valley Safety Council.

Thank you for your participation in the Safety Council.

All meeting notifications and reporting will be done via email. If your company does not have email please indicate that on the lines below.

Monthly meeting information is also available at www.mariettachamber.com

Company Name: _____

Type of Work: _____

Mid-Ohio Valley Safety Council Representative:

Name: _____

Title: _____

Phone: _____ Email: _____

Additional employee (if any) who should receive meeting notification:

Name _____ email: _____

Name _____ email: _____

Name _____ email: _____

Owner/CEO Contact (Required):

Name: _____

Title: _____

Phone: _____ Email: _____

<p>Fax: 740-373-7808 Mid-Ohio Valley Safety Council 100 Front Street, Suite 200 Marietta, OH 45750</p>
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