

OHIO SAFETY COUNCIL  
**ENROLLMENT FORM**



BWC 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 \_\_\_\_\_