

CLEVELAND SOUTHWEST SAFETY COUNCIL
(sponsored by the Middleburg Heights Chamber of Commerce)
OHIO SAFETY COUNCIL – 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.

Company _____ Phone: _____

Contact Person _____ FAX: _____

Address _____ City _____ Zip _____

E-mail: _____
(please print clearly)

Average Number of Employees _____

Type of Work _____

BWC Policy Number _____ Enrollment Year 2020-2021

Name _____

Signature _____

Title _____

Fee: \$100 Enrollment fee

**Mail checks to Cleveland Southwest Safety Council, P O Box 163, Berea OH 44017
PH: 440-346-4235 FAX: 440-235-4891**

If you wish to use a credit card, please furnish the following information:

Credit Card # _____ Exp. Date _____ 3 digits from back of card _____
(VISA/MASTERCARD/DISCOVER/) AMEX 4 digits from front of card _____

Digits of address & zip code linked to credit card _____

2020-2021 Safety Council Year

10 Meetings will be scheduled - All meetings will be virtual

No collection of semiannual reports or CEO attendance

Safety Council rebates have been suspended

To Be Completed By the Safety Council

Safety Council Account Number (Must be completed before forwarding to DSH)

_____/_____/_____/____/____