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		