



ORRVILLE AREA SAFETY COUNCIL MEMBER ENROLLMENT FORM

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, health and wellness, risk management and workers' compensation in Ohio, BWC's Division of Safety & Hygiene and The Orrville Area Safety Council, through the Orrville Area Chamber of Commerce, co-sponsor this service.

In signing this enrollment form, the employer makes a commitment to send representatives to most safety council meetings and to submit semi-annual reports by the deadline dates.

Enrollment date _____

Employer name _____

Safety Council Contact: _____ Email: _____

CEO/Senior Manager: _____ Email: _____

Address _____ City _____ Zip _____

Phone number _____

E-mail address _____

Average number of employees _____

Type of work _____

BWC policy number _____

Printed name _____

Title _____

Signature _____

Safety Council Account Number

To be completed by the Orrville Area Safety Council before submitting to DSH

_____ / _____ / _____ / _____