



ENROLLMENT FORM

BWC's Division of Safety & Hygiene 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: _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

BWC Policy Number: _____

Print Name: _____ **Title:** _____

Signature: _____



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