

OHIO SAFETY COUNCIL  
**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. **Please clearly print all information**

Enrollment date \_\_\_\_\_

Employer name \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

List ALL E-mail addresses you would like monthly communications/invitations sent to:

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BWC policy number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

*\*Please list any topic you would like to hear about and possible contact information.*

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*Revised May 2024*

**Please return this enrollment form by 6/28/24 to:**

Grand Lake Area Safety Council

121 E. Logan St

Celina, OH 45822

Or send by fax or email to: Fax 419-586-8645 Email: [safety@celinamercer.com](mailto:safety@celinamercer.com)