



**LAKE COUNTY**  
**SAFETY COUNCIL**  
 Working Towards A Safer Workplace

**MEMBERSHIP  
 ENROLLMENT  
 FORM**

Company Name

Address

City, State, Zip

Type of Company

Check the Industry Group that Best Describes Your Business Activity:

- |  |   |
|--|---|
| <input type="checkbox"/> Manufacturing: Chemicals/Plastics & Allied Products   | <input type="checkbox"/> Construction Industry        |
| <input type="checkbox"/> Manufacturing: Films/Paper/Printing & Allied Products | <input type="checkbox"/> Retail & Service Industry    |
| <input type="checkbox"/> Manufacturing: <50 Employees                          | <input type="checkbox"/> Public Utilities             |
| <input type="checkbox"/> Manufacturing: 50-100 Employees                       | <input type="checkbox"/> Public Service & Educational |
| <input type="checkbox"/> Manufacturing: > 100 Employees                        | <input type="checkbox"/> Chambers of Commerce         |

Number of Employees

BWC Policy Number

Company Contact

Title

Phone

Fax

E-Mail (Mandatory)

Membership Fee: (Check the appropriate box for your company)

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> Self Insured    | \$100 | <input type="checkbox"/> 100-499 Employees | \$250 |
| <input type="checkbox"/> 1-24 Employees  | \$100 | <input type="checkbox"/> 500+ Employees    | \$450 |
| <input type="checkbox"/> 25-99 Employees | \$150 |  |       |

Signature

In signing this membership enrollment form, the employer makes a commitment to send representatives to 10 safety council meetings or BWC sponsored events, send a qualified senior-level manager to a safety council sponsored meeting, submit semiannual workplace accident reports by the deadline date and understands the membership fee is nonrefundable.

**FY20** \*To participate in the Ohio BWC FY20 premium discount program you must enroll by July 31, 2019.

Enrollment Year

Payment Options:  CASH  CHECK (Make payable to Lake County Safety Council)  VISA  MASTERCARD

Credit Card #

3-digit VIS

Exp. Date

Signature

Print this form  
 and mail it in  
 with payment to:

Lake County  
 Safety Council  
 c/o Mentor Area  
 Chamber of Commerce  
 6972 Spinach Drive  
 Mentor, Ohio 44060

[lakecountysafetycouncil.org](http://lakecountysafetycouncil.org)