

	Company Name Address City, State, Zip Type of Company					
	Check the Industry Group th	Check the Industry Group that Best Describes Your Business Activity:				
	 Manufacturing: Chemicals/Plastics & Allied Products Manufacturing: Films/Paper/Printing & Allied Products 			Constr	uction Industry	
					& Service Industry	
	Manufacturing: <5	Manufacturing: <50 Employees			Utilities	
	 Manufacturing: 50-100 Employees Manufacturing: >100 Employees 			D Public	Service & Educational	
				Chamb	pers 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)					
	Self Insured	\$100	100-499 Employee	s \$2	50	
	1-24 Employees25-99 Employees	\$100 \$150	500+ Employees	\$4	50	
	Signature					
Print this form and mail it in with payment to:	Signature In signing this membership enro meetings or BWC sponsored ev semiannual workplace accident	ents, send a qual	ified senior-level manager to a	safety counc		
Lake County	FY23 *To participate in the Ohio BWC FY23 premium discount program you must enroll by July 31, 2023.					
Safety Council c/o Mentor Area	Enrollment Year					
Chamber of Commerce 6972 Spinach Drive Mentor, Ohio 44060	Payment Options: 🖵 CASH 🛛 CHECK (Make payable to Lake County Safety Council) 🖵 VISA 🔲 MASTERCARD					
	Credit Card #		3-digi	it VIS	Exp. Date	
lakecountysafetycouncil.org						

Signature