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:

- ❑ Manufacturing: Chemicals/Plastics & Allied Products
- ❑ Manufacturing: Films/Paper/Printing & Allied Products
- ❑ Manufacturing: <50 Employees
- ❑ Manufacturing: 50-100 Employees
- ❑ Manufacturing: >100 Employees
- ❑ Construction Industry
- ❑ Retail & Service Industry
- ❑ Public Utilities
- ❑ Public Service & Educational
- ❑ 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)

❑ Self Insured	$100	❑ 100-499 Employees	$250
❑ 1-24 Employees	$100	❑ 500+ Employees	$450
❑ 25-99 Employees	$150		

Signature

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

FY10 *To participate in the Ohio BWC FY10 premium discount program you must enroll by July 31, 2009.

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

For questions contact info@councilnews.org • Phone 440-255-1616 • Fax 440-255-1717