



## 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.

Date: \_\_\_\_\_

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

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

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

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

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

E-mail address \_\_\_\_\_

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

**Return to The Greater Cleveland Safety Council:**  
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Cleveland Ohio 44103  
Fax: 216-621-0062  
Email: [gcsafetyc@ameritech.net](mailto:gcsafetyc@ameritech.net)