



MEDINA COUNTY SAFETY COUNCIL

Sponsored by the Division of Safety and Hygiene
In Cooperation with the Greater Medina Chamber of Commerce
145 N. Court Street Medina, OH 44256
330-723-8773 ♦ Fax 330-722-6844
www.medinacountysafetycouncil.com
safety@medinaohchamber.com

NEW ENROLLMENT FORM

In an effort to reduce the number of accidents in our workplace and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, the BWC's Division of Safety & Hygiene, the Medina County Safety Council and the Greater Medina Chamber of Commerce co-sponsor this program.

In signing this enrollment form, the employer makes a commitment to send representatives to the majority of safety council meetings and to submit semi-annual reports by the deadline dates.

Company Name _____

Contact Person _____ Title _____

Address (City, State, Zip) _____

Phone Number _____ Fax Number _____

E-mail address _____

Average Number of Employees _____

Type of Work _____

BWC Policy Number _____

Name _____

Signature _____

The cost of membership in the Medina Safety Council is \$100. (This provides membership for the entire company). Membership dues are waived for members of the Greater Medina Chamber. Please remit this amount with your enrollment form. Meeting costs are in addition to this amount.

Attendance requirement:

Any representative of the employer is welcome to attend to meet the eligibility requirement. Any number of representatives are welcome to attend the Safety Council meetings. A person can only represent ONE policy number with their attendance at a safety council meeting.

Safety Council Account Number
(to be completed by the safety council)

_____/_____/_____/____/____