

**GREATER HAMILTON SAFETY COUNCIL  
NEW ENROLLMENT FORM  
2009-2010**

In an effort to reduce the number of workplace accidents, and to share resources and information on accident prevention, risk management, and Workers' Compensation in Ohio, BWC's Division of Safety & Hygiene and your local Safety Council 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. **Deadline for Enrollment is July 31, 2009.**

Enrollment Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Average Number of Employees \_\_\_\_\_

Type of Work \_\_\_\_\_

BWC Policy Number \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**To Be Completed By the Safety Council  
Safety Council Account Number  
(Must be completed before forwarding to BWC)**

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