

**GREATER HAMILTON SAFETY COUNCIL  
NEW ENROLLMENT FORM 2010- 2011**

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 their deadline dates.

**DEADLINE FOR ENROLLMENT IS JULY 31, 2010.**

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

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

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