

Black Swamp Safety Council

22600 State Route 34 Archbold, Ohio 43502



MEMBERSHIP APPLICATION AND NEW ENROLLMENT FORM

Sponsored by the Bureau of Workers Compensation – Division of Safety and Hygiene
In cooperation with The Black Swamp Safety Council

Application Date _____ BWC Policy Number _____

Company Name _____

Address/City, Zip _____

Phone Number/Fax Number _____

NAICS Code _____

Number of Employees _____

Type of work your company does _____

Web Site _____

Upper Mgmt./CEO & Title _____

Safety Contact & Title _____

HR Contact & Title _____

Main Contact Email Address _____

Main Contact Signature _____

By signing and returning this form, you are enrolling your firm as a member of the Black Swamp Safety Council. Your membership will begin when your application has been returned with a check for your membership. Please use the Safety Membership Dues Invoice document to figure your member dues. We look forward to working with you to improve Safety in the workplace.

Signature _____ Date _____

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

Safety Council Account Number _____ / ____ _ / ____ _ / ____ _