



LANCASTER FAIRFIELD COUNTY
CHAMBER OF COMMERCE

SAFETY COUNCIL CAMPAIGN
NEW ENROLLMENT FORM

Fill out and return to the chamber office.
Fax to (740) 653-7074 or email Cheryl at Cheryl@lancoc.org

We are in accord with an effort to reduce the number of accidents occurring to our employees, and desire to enter our company in the safety campaign program.

We will cooperate with the Safety Council in furnishing reports requested and will make every effort to have a representative of our company attend the meetings sponsored by the Safety Council.

Company Name _____

Address _____

Average Number of Employees _____

Type of Work _____

BWC Policy Number _____

Enrollment Year _____

Name _____

Signature _____

Title _____

Email Address _____

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

_____ / _____ / _____ / _____