

Print this form and mail it in with payment to: Lake County Safety Council c/o Mentor Area Chamber of Commerce 6972 Spinach Drive Mentor, Ohio 44060

lakecountysafetycouncil.org

## LAKECOUNTY SAFETYCOUNCIL Working Towards A Safer Workplace

## NEW MEMBERSHIP ENROLLMENT FORM

Company Name	
Address	
City, State, Zip	
Type of Company	
Check the Industry Group that Best Describes Your Busines	ss Activity:
☐ Manufacturing: Chemicals/Plastics & Allied Produ	cts
☐ Manufacturing: Films/Paper/Printing & Allied Prod	
☐ Manufacturing: <50 Employees	Public Utilities
☐ Manufacturing: 50-100 Employees	Public Service & Educational
☐ Manufacturing: > 100 Employees	☐ Chambers of Commerce
Number of Employees BV	VC Policy Number
Company Contact	
Title	
mue	
Phone Fa	Х
E-Mail (Mandatory)	
Membership Fee: (Check the appropriate box for your company	<i>y</i> )
☐ Self Insured \$100 ☐ 100-49	99 Employees \$250
☐ 1-24 Employees \$100 ☐ 500+	Employees \$450
☐ 25-99 Employees \$150	
Signature In signing this membership enrollment form, the employer makes meetings or BWC sponsored qualifiying events, and understands	the membership fee is nonrefundable.
FY25 *To participate in the Ohio BWC FY25 premium  Enrollment Year	discount program you must enroll by July 31, 2024.
Payment Options: 🗖 CASH 🔲 CHECK (Make payable to L	ake County Safety Council) 🔲 VISA 🔲 MASTERCARE
Credit Card #	3-digit VIS Exp. Date
Credit Card #  Signature	3-digit VIS Exp. Date

For questions contact: cbrillpackard@mentorchamber.org • Phone: 440-255-1616 •