

## **Membership Application**

Applications must be submitted to the program sponsor no later than July 31 in order to qualify for the rebate.

## **COMPANY INFORMATION**

Business name:	
Address:	
	State: Zip:
Phone:	BWC policy #:
Website:	Email:
Industry:	Average number of employees:
REPRE	SENTATIVE INFORMATION
Representative who will attend n	nost meetings
Name:	Title:
Email:	Phone:
Representative who will attend n	nost meetings
Name:	Title:
Email:	Phone:
	PRE PAY
☐ Enclosed is \$60 per person to atte	nd Safety Council meetings from July—June
TOTAL ENCLOSED: \$	Please make checks payable to Delaware Area Safety Council.
☐ We will pay \$5 per person at the d	oor by cash or check
accident prevention, risk managemen & Hygiene and your local Safety Coun	vorkplace accidents and to share resources and information on t, and workers' compensation in Ohio, BWC's division of Safety cil (Delaware Area Chamber of Commerce) co-sponsor this m, the employer makes a commitment to send representatives ings.
Signature:	Date:

All meetings are held on the 4th Wednesday of the month at 8:30 a.m. at The Barn at Stratford, 2690 Stratford Road, Delaware, OH 43015. Cost: \$5 per person