



NEW MEMBERSHIP ENROLLMENT FORM

Company Name			
Address			
City, State, Zip			
Type of Company			
Check the Industry Group th	at Best Describes Your Business Activi	ty:	
 □ Manufacturing: Chemicals/Plastics & Allied Products □ Manufacturing: Films/Paper/Printing & Allied Products □ Manufacturing: <50 Employees □ Manufacturing: 50-100 Employees □ Manufacturing: > 100 Employees 		☐ Construction ☐ Retail & Servi ☐ Public Utilities ☐ Public Services ☐ Chambers of	ice Industry s e & Educational
Number of Employees	oloyees BWC Policy Number		
Company Contact			
Title			
Phone	Fax		
E-Mail (Mandatory)			
Membership Fee: (Check the	appropriate box for your company)		
☐ Self Insured ☐ 1-24 Employees ☐ 25-99 Employees	\$100	•	
FY26 *To participate in the	Ilment form, the employer makes a comm lifiying events, and understands the men ne Ohio BWC FY26 premium discou	bership fee is nonrefundo	able.
Enrollment Year Payment Options: ☐ CASH	☐ CHECK (Make payable to Lake Cou	nty Safety Council) 🔲 \	/ISA ☐ MASTERCARD
Credit Card #	3	B-digit VIS	Exp. Date

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lakecountysafetycouncil.org

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