

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



NEW MEMBERSHIP ENROLLMENT FORM

| Company Name | | | |
|--|---------------------------------|--------------------------|---|
| Address | | | |
| City, State, Zip | | | |
| Type of Company | | | |
| Check the Industry Group th | at Best Describes Your Busir | ness Activity: | |
| □ Manufacturing: Chemicals/Plastics & Allied Products □ Manufacturing: Films/Paper/Printing & Allied Products □ Manufacturing: <50 Employees □ Manufacturing: 50-100 Employees □ Manufacturing: >100 Employees | | oducts Reto | nstruction Industry ail & Service Industry alic Utilities alic Service & Educational ambers of Commerce |
| Number of Employees | BWC Policy Number | | |
| Company Contact | | | |
| Title | | | |
| Phone | | -ax | |
| E-Mail (Mandatory) | | | |
| Membership Fee: (Check the | appropriate box for your compo | ny) | |
| ☐ Self Insured ☐ 1-24 Employees ☐ 25-99 Employees | | . , | \$250 \$450 |
| meetings or BWC sponsored qua | lifiying events, and understand | ds the membership fee is | representatives to 10 safety council nonrefundable. you must enroll by July 31, 2025 |
| Payment Options: 🗖 CASH | CHECK (Make payable to | Lake County Safety Cou | ncil) 🗖 VISA 📮 MASTERCARD |
| Credit Card # | | 3-digit VIS | Exp. Date |
| Signature | | | |

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