



Hosted by: Miami Valley Hospital South
MEMBERSHIP APPLICATION

683 Miamisburg Centerville Road, Suite 210, Dayton, OH 45459
 (937) 433-2032 (937) 433-6881 (fax)

www.southmetroregionalsafetycouncil.org

Email: safetycouncil@smrcoc.org

EVENTS & PROGRAMS

The Safety Council hosts a monthly series which features presentations from local experts on a wide variety of important safety topics. They are held on the Second Thursday of the month at the Miami Valley Hospital South. (The Bed Tower Conference Room) The cost to attend each event is \$15.00 for Safety Council Members and \$20.00 for Non Safety Council Members. The Safety meetings Calendar may be found at www.southmetrosafetycouncil.org

MEMBERSHIP/PARTICIPATION

Membership in the Safety Council is open to any company that is interested in providing a safe and healthy workplace for its employees. Membership fees are listed below. The Safety Council is a committee of the South Metro Regional Chamber of Commerce.

ANNUAL SOUTH METRO REGIONAL SAFETY COUNCIL MEMBERSHIP FEES

(based upon number of employees at your location; some exceptions may apply):

<input type="checkbox"/> 1-25	\$50	<u>Is your Company a member of the South Metro Regional Chamber?</u>		
<input type="checkbox"/> 26-75	\$120	YES	or	NO
<input type="checkbox"/> 76-150	\$190			
<input type="checkbox"/> 151 and up	\$260			

Contact Person & Title	<i>Applicant Corporate Name</i>	<i>Phone #</i>	<i>Email</i>
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Name of CEO & Title who is required to attend (one) 1 meeting per year

Phone Number & ext.

E-Mail

PAYMENT: Annual Membership \$ _____ # employees.

- Check enclosed
- Credit card **MasterCard, Visa, Discover and American Express**
- Cash**

(Disposal by Cintas Document Management)

(Credit card number)

(Expiration date)

(Signature)

Your Invitation to Participate!

Anyone is welcome to attend an up coming meeting or program to find out more about the Safety Council. For more information on how you can participate, contact The South Metro Chamber of Commerce by email at safetycouncil@smrcoc.org or (937) 433-2032

4/25/2014

***Applicant must complete both Sides**

NEW ENROLLMENT FORM

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, BWC's Division of Safety & Hygiene and your local safety council co-sponsor this service.

In signing this enrollment form, the employer makes a commitment to send representatives to the majority of safety council meetings and to submit semi-annual reports by the deadline dates.

Enrollment date _____

Employer name _____

Address _____ City _____ Zip _____

Phone number _____

E-mail address _____

Average number of employees _____

Type of work _____

BWC policy number _____

Printed name _____

Title _____

Signature _____

Safety Council Account Number

To be completed by the Safety Council before submitting to DSH

_____ / _____ / 95 / _____
Policy Number *Unite Number* *Safety Council Code* *Group Code*

***Applicant must complete both Sides**

Revised 6/13

4/25/2014