



## SOUTH METRO REGIONAL

SAFETY COUNCIL

Hosted by: Miami Valley Hospital South

### MEMBERSHIP APPLICATION

332 Congress Park Dr. Suite B, Dayton, OH 45459

(937) 433-2032 (937) 433-6881 (fax)

[www.southmetroregionalsafetycouncil.org](http://www.southmetroregionalsafetycouncil.org)

Email: [safetycouncil@smrcoc.org](mailto: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](http://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			

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<b>Contact Person &amp; Title</b>	<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*

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<i>Phone Number &amp; ext.</i>	<i>E-Mail</i>
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**PAYMENT:** Annual Membership \$ \_\_\_\_\_ # employees.

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

(Disposal by Cintas Document Management)

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(Credit card number)	(Expiration date)	(Signature)
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#### **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](mailto:safetycouncil@smrcoc.org) or (937) 433-2032

## 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