

Black Swamp Safety Council

22600 State Route 34
Archbold, Ohio 43502



REVISED 3/2022

MEMBERSHIP APPLICATION AND NEW ENROLLMENT FORM

Sponsored by the Bureau of Workers Compensation – Division of Safety and
Hygiene In cooperation with The Black Swamp Safety Council

Application Date _____ BWC Policy Number _____

Company Name _____

Mailing Address/City, Zip _____

Phone Number/Fax Number _____

NAICS Code _____

Number of Employees _____

Type of work your company does _____

Web Site _____

Upper Mgmt./CEO & Title _____

Email Address: _____

Safety Contact & Title _____

Email Address: _____

HR Contact & Title _____

Email Address: _____

Accounts Payable Contact _____

Email Address: _____

Main Contact: _____

Email Address: _____

You will be responsible for forwarding invitations and information to additional employees for monthly meetings.
You will also be relied upon to communicate any changes to the names and contact information provided above.

By signing and returning this form, you are enrolling your firm as a member of the Black Swamp Safety Council. Your membership will begin when your application has been returned with a check for your membership. Please use the Safety Membership Dues Invoice document to figure your member dues. We look forward to working with you to improve Safety in the workplace.

Signature _____ Date _____

To Be Completed By the Safety Council (Must be completed before forwarding to DSH)

Safety Council Account Number _____ / ____ / ____ / ____

We Are Committed to Your Safety.

22600 State Route 34 Archbold, OH 43502 Phone: 419-267-1351 Fax: 419-267-3688 E-mail: bssc@northweststate.edu