

2023-24 ASHLAND AREA SAFETY COUNCIL ENROLLMENT FORM

In an effort to provide Ohio employers with access to occupational safety and health, workers' compensation and risk management education, networking, and resource sharing, BWC's Division of Safety & Hygiene and the Ashland Area Safety Council co-sponsor our local program.



In signing this enrollment form, the employer makes a commitment to send representatives to 10 of the safety council meetings. Regular meetings will be held on the 3rd Weds of the month (August - June) from 11:30 am – 1:00 pm at the UH Samaritan on Main St. Facility – 663 E Main St., Ashland OH 44805



Enrollment Date: _____ Average Number of Employees: _____

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Key Safety Contact: _____

Title: _____ Phone: _____

Key Contact Email: _____

(VERY IMPORTANT - All Safety Council communication is sent via email. Please make sure to add the following email addresses to your contacts and white list, so we arrive in your inbox!

rosborne@ashlandoh.com / chamber@ashlandoh.com

SAFETY COUNCIL ATTENDANCE PACKAGES (Chamber Members may have attendance credits to use) Please note that we will hold 11 regular classes from August - June, and will also hold a couple bonus meetings during the year. Your company must be enrolled in the BWC Safety - Ashland Program, and **must attend 10 in-person meetings to qualify** for the 3% rebate for the program.

CHAMBER MEMBER PRICING:

Deluxe Package - 12 mtgs. (1 person)
11 regular mtgs. + 1 Bonus mtg. - \$174 per year
I am requesting ___ Deluxe Packages

Basic Package - 11 mtgs. (1 person)
11 regular mtgs. - \$154 per year
I am requesting ___ Basic Packages

Pay as you go
\$15 pp each mtg.

Auxiliary Member (same pricing as above) – I do not want to report to the BWC or participate in the workers Comp rebate program – just want to attend the meetings.

NON-CHAMBER MEMBER PRICING:

I'm a non-Chamber Member Deluxe Pkg \$225 Basic Pkg \$200 Pay-As-You-Go \$20 pp

Auxiliary Member (same pricing as above) – I do not want to report to the BWC or participate in the workers comp rebate program – just want to attend the meetings.

Signature of person filling out form: _____

BWC Policy Number _____

Add your BWC # above

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Safety Council fills in these

Please return form by: Friday, June 30, 2023

SAVE FORM AS A PDF THEN FAX OR EMAIL AS FOLLOWS:

Ashland Area Chamber of Commerce - 211 Claremont Ave., Ashland, OH 44805

(419) 281-4584 / (419) 281-4585 fax / www.ashlandoh.com / rosborne@ashlandoh.com