



Being a member of the Safety Council will provide you with education, tools, contacts and programs related to improving the health and safety of your employees. **Improving the safety of your employees will give you an advantage in a competitive business by reducing your workers' compensation costs while increasing productivity.**

JOIN US TODAY!

Membership is open to all, regardless of Chamber membership status. Annual membership dues are \$137 and covers one person attending each of the regular 12 lunch meetings per year.



The Miami County Safety Council is one of 83 Ohio safety councils funded by a small portion of your employer workers' comp premiums through the Ohio Bureau of Workers' Compensation, Division of Safety & Hygiene.

Sponsored by the Piqua Area Chamber of Commerce



In cooperation with the Covington, Tipp City & Troy Chambers of Commerce



For more information or to enroll, contact:
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www.piquaareachamber.com
Click on Safety Council

YOU CAN'T PUT A PRICE ON WORKPLACE SAFETY

But a safe workplace can save
money and headaches

Members of the Miami County Safety Council received nearly \$92,000 in rebates last year.



Joining the Safety Council Will:

- Provide safety related education
- Give you prevention strategies
- Bring networking opportunities
- Provide possible discount or rebate on BWC payments

MARK YOUR CALENDAR

Meetings are held the 2nd Thursday of each month

12:00 noon—2:00 p.m. at Romer's @ A Learning Place, 201 RM Davis Parkway, Piqua, Ohio (unless otherwise specified)

For every \$50,000 you pay in accident-related expenses, \$1.2 million in losses hit your bottom line.

Avoid mistakes and fines

Monthly meetings provide ongoing updates on BWC requirements and programming, so you don't miss anything that could cost you money. Get important OSHA information and updates to ensure you are meeting record keeping requirements.

Learn how to avoid workplace catastrophe

You can't put a price on people. Safety is an employer's first priority!

MIAMI COUNTY SAFETY COUNCIL ENROLLMENT FORM - SAFETY COUNCIL #35

In signing this enrollment form, the employer makes a commitment to send representatives to 10 of 12 safety council meetings (one being attended by the CEO) and to submit semi-annual reports by the deadline dates.

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

No. of employees _____ Type of Work _____

Name _____ Title _____

Email _____

Signature _____

To Be Completed By Safety Council Manager
Safety Council Account Number

_____ / _____ / _____ / _____

STEERING COMMITTEE

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