



Enrollment Application



To enroll in the Northeast Ohio Safety Council please complete the information below and mail it and a check (payable to Northeast Ohio Safety Council) to:

Northeast Ohio Safety Council
c/o COSE
PO Box 74995
Cleveland, Ohio 44194-1078

WORKERS' COMPENSATION POLICY NUMBER _____

COMPANY NAME _____

CONTACT FIRST AND LAST NAME _____

COMPANY MAILING ADDRESS _____

STREET ADDRESS 1 _____

STREET ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

EMAIL _____

CEO NAME (FIRST & LAST) _____

EMAIL _____

Please mark the below option for payment:

- Option A (Please include check payable to the Northeast Ohio Safety Council for \$330)
- Option B (Please include check payable to the Northeast Ohio Safety Council for \$150 + \$18 per meeting)

