



KPSC Safety Group Application 2018

Firm: (Full Name): _____

Parent Company (if any): _____

WSIB Account Number: _____

Does your WSIB Account cover operations outside the Kingston area? Yes No

Annual WSIB Premium: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Web Address: _____

Name of Contact Person: _____

Signature: _____ Date: _____

Please return this form by FAX or mail to:

Kingston: Partners for a Safe Community
2225 Middle Road
Kingston, ON
K7L 4V3
Tel: (613) 546-9814 ext. 225 Fax: (613) 546-5513

KPSC Safety Group Application 2018

This agreement made this _____ day of _____, 20_____

BETWEEN: _____

(Company name – hereinafter called the “participant”)

and

Kingston: Partners for a Safe Community

hereby binds the Participant in taking on an active role in the Kingston: Partners for a Safe Community Safety Group for a period of one (1) year commencing January 1st, 2018. Said enrolment is to be reviewed annually.

The Participant agrees to pay the annual enrolment fee of (select one) **Standard Membership \$600.00**
 Enhanced Membership \$795.00 **Premium Membership \$1,295.00** to Kingston: Partners for a Safe Community to become a member of the 2018 Kingston: Partners for a Safe community Safety Group. Annual membership fees are required to remain part of the program.

The Participant further understands and agrees that **one hundred percent (100%) participation** is required to remain eligible for the financial rebate from the Workplace Safety and Insurance Board (WSIB) and the subsequent elements of the Safety Group Program.

Firm Completes:

Participant (Company Name): _____

Dated this _____ day of _____, 20 _____

Enclosed, please find my non-refundable cheque in the amount of _____, payable to “**Kingston: Partners for a Safe Community**”. I hereby agree to be a participant in the 2018 Kingston: Partners for a Safe Community Safety Group, bound by the terms set out above.

Per: _____ Print Name: _____
(I have the authority to bind the Organization/Firm)

Kingston: Partners for a Safe Community Completes:

Dated this _____ day of _____, 20 _____

Per: _____ Per: _____
(Wiebke Wilkens, Committee Co-Chairperson) (Larry Johnston, Vice-President, KPSC)

Signature: _____ Date: _____

Standard Membership \$600.00 (Regular Safety Group Membership)

Enhanced Membership \$795.00 (Unlimited H&S and Employment Standards Advice + 15% off WHSS Workshops)

Premium Membership \$1,295.00 (All 5 Standards Created w/Yearly Updates + Access to all Enhanced Membership Offers)

Please return this form by FAX or mail to:

Kingston: Partners for a Safe Community
2225 Middle Road
Kingston, ON
K7L 4V3

Tel: (613) 546-9814 ext. 225 Fax: (613) 546-5513