

member registration

For assistance completing this form please contact our office at 604-701-0621



company information

Please complete the fields below:

Registration date: _____

Employer legal name: _____

Trade name: _____

Location address: _____

Mailing address: _____

Number of operating locations: _____

(For additional operating locations, please attach a separate sheet with each location address).

Owner/President/CEO/GM _____

Health & Safety contact: _____

Telephone number: _____ E-mail address: _____

Number of FTEs: _____

(FTE is the number of full-time equivalent employees employed during the specified time period).

program registration

Select the program of your choice, and complete the fields where applicable.



PLUS
synergy

\$ 2,000 per year
(for up to 3 people)



FLEX
synergy

\$ 500 per element
(for up to 3 people)

- Management Leadership and Commitment
- Role of the Safety Committee
- Hazard ID and Control
- Industry Specific Programs
- Workplace Inspections
- Accident Investigations
- Emergency Preparedness
- Training and Instruction
- H & S Program Administration
- Injury Management / Return to Work.

• Selected element:

participants

Name:

1. _____

2. _____

3. _____

E-mail:

submit your registration form

FAX

604-701-0262

MAIL

106-8615 Young Rd.
Chilliwack BC V2P 4P3



**BC FOOD PROCESSORS
HEALTH & SAFETY COUNCIL**

"Safety¹ Every Step of the Way"