



Registration Form

MSI-A

Company/Organization Name: _____

Company/Organization Owner Name: _____ Extension: _____

Company/Organization Owner E-mail Address: _____

Company/Organization Address: _____

Company/Organization Telephone Number: _____

Company/Organization Fax Number: _____

Finance Contact Name: _____ Extension: _____

Finance Contact E-mail Address: _____

Finance Contact Telephone Number: _____

Human Resource Contact Name: _____ Extension: _____

Human Resource Contact E-mail Address: _____

Human Resource Contact Telephone Number: _____

Mode Of Payment: Monthly Bi-Annual Annual

Company/Organization Safety Representative Name: _____

*** Safety Representative must be certified in First Aid, CPR and Defibulator Training.**

Does your Company/Organization Safety Program: Yes No

*** Must Provide Mohawk Self Insurance with a copy of your Company/Organization's Safety Program upon registration.**

As a participant of Mohawk Self Insurance Program, I hereby agree to abide by the conditions as stated in the Mohawk Self Insurance Policy. I acknowledge that the information given is correct and may be used for verification between Mohawk Council of Kahnawà:ke operations.

Company/Organization Owner Signature: _____

Date: _____
(Month/Day/Year)