



WELLNESS PARTNERSHIP - LEVEL 2

The Alaska Club agrees to assist _____ (*organization name*), by providing the following wellness package to their _____ (*employees, team members, etc.*). Should you choose to cover some or all the cost of _____ (s) membership, The Alaska Club membership can have a significant impact on their energy, health, and their focus. _____ will notify The Alaska Club if anyone whom it pays a subsidy is no longer employed there and shall be responsible for the dues subsidy of terminated _____ (s) prior to this notification. All _____ (s) are individually responsible for cancelling their membership commitment. _____ reimburses or subsidizes their _____ (s) membership(s) at the amount of _____ per individual Membership / _____ per family membership.

This wellness partnership may be cancelled with a 30-day notice after a year from the effective date of: _____.

Benefits to Employees:

Organization Name: _____ Address: _____

Contact Name: _____ Phone Number: _____

Email: _____ Billing Contact (if applicable): _____

Phone Number: _____ Email: _____

Organization Signature: _____ Date: _____

Printed Name: _____ Title: _____

TAC Representative Signature: _____ Date: _____

The Alaska Club Wellness Partnership Representative: _____ Title: _____

Phone Number: _____ Email: _____

Comment: