



THE ALASKA CLUB

Wellness Partnership

The Alaska Club agrees to assist Alaska Vision Center
(Organization Name)
by providing the following wellness package to their Employees:
(Employees, team members, etc.)

Start Date: 2-6-19

Renewal Date: 2-5-20

Wellness Calendar

☐ Onsite

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Open House

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Fitness Party

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Fitness Challenge

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Fitness Seminar

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Wellness Fair

Date _____
Date _____
Date _____
Date _____

Benefits to Employees:

Zero enrollment

One and a half months membership dues free

Two months of Good life Life spa package

Alaska Vision Center

agrees to promote events in the following manner:

- ☐ Promote via organization website, intranet or newsletter
- ☐ Posters to announce onsite date(s)

All promotional materials to be approved and provided by
The Alaska Club.



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vision@alaska.net
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The Alaska Club

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HOME



THE ALASKA CLUB

Corporate Agreement

Subsidizing or partially subsidizing the cost of a The Alaska Club membership is completely optional. Should you choose to, covering some or all of the cost of your Employees's The Alaska Club membership can have a significant impact on their energy, health and their focus. Organizations that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550 ext. 1124) sixty-day prior notice to discontinuing the subsidy of membership dues for its Employees in general.

Alaska Vision Center will notify The Alaska Club if anyone for whom it pays a subsidy is no longer employed there and shall be responsible for the dues subsidy of terminated Employees prior to this notification. All Employees are individually responsible for cancelling their membership commitment. Alaska Vision Center subsidizes/reimburses their Employees's membership(s) at the amount of \$20 per individual membership / \$20 per family membership.

Organization Name: Alaska Vision CenterAddress: 800 Glacier Ave Juneau AK 99801Contact Name: Jill MathesonPhone Number: 907-586-9864

Fax Number: _____

Email: vision@alaska.net

Billing Contact (if applicable): _____

Phone Number: _____

Fax Number: _____

Email: _____

Organization Signature: Jill MathesonPrinted Name: Jill MathesonTitle: owner

Date: _____

The Alaska Club Wellness Partnership Representative Name: Jay MillingtonPhone Number: 907-264-2725

Fax Number: _____

Email: jmillington@thealaskaclub.comThe Alaska Club Signature: Jay MillingtonPrinted Name: Jay MillingtonDate: 2-6-19Title: Corporate Membership Coordinator

Comment

Zero enrollmentOne month membership dues freeTwo months Membership Plus Life spa package

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