

Wellness Partnership

Hindman Family Chiropractic

Start Date: 03/28/2016 Renewal Date: 03/28/2017 Hindman Family Chiropractic The Alaska Club agrees to assist __ by providing the (Organization Name) following wellness package to their employees: **Wellness Calendar** Onsite Open House ☐ Fitness Party 1st Otr __ 1st Qtr 2nd Qtr 2nd Qtr 2nd Qtr 3rd Otr 3rd Qtr _ 3rd Qtr 4th Qtr 4th Otr 4th Qtr ☐ Fitness Challenge ☐ Fitness Seminar Wellness Fair 1st Otr 1st Qtr 2nd Qtr 2nd Otr Date _ 3rd Qtr 3rd Qtr Date___ 4th Qtr 4th Qtr Date The Alaska Club agrees to offer the following membership benefits to each employee of Hindman Family Chiropractic available during each wellness activity. (Organization Name) **Benefits to Employees:** Hindman Family Chiropractic \$0 Enrollment (Organization Name) 1st Month Free agrees to promote events in the following manner: 2 Months Free Membership Plus Promote via organization website, intranet or newsletter \$20/\$30 Fitness Consultation ☐ Posters to announce onsite date(s)

Available during events, onsites or open house periods only.

1 year agreement / fee for early cancellation required.

All promotional materials to be approved and provided by

The Alaska Club.



Wellness Partnership

Helping Employees With the Cost of Membership at The Alaska Club

Subsidizing or partially subsidizing				
optional. Should you choose to, co	vering some or a	Il of the cost of yo	ur employees' The Alaska Club	
membership can have a significant				
your customers. Organizations that s				
Club Member Accounting (337-9550				
membership dues for its employees i Club if anyone for whom it pays a sub				
dues subsidy of terminated employee				
for cancelling their membership comi				
their employee's memberships at the	amount of	per indiv	dual membership.	
Organization Name: Hindman Fami	ly Chiropractic			
Address: 13135 Old Glenn Hwy. Su	ite 100			
Contact Name: Carrig Hindman				
Phone Number:907-696-9090	_ Fax Number:	907-696-9091	Email: hfc@alaskan.com	~
Billing Contact (if applicable):				
Phone Number:	_ Fax Number: _		Email:	
Organization Signature: Care	A Von Em	M.	Date: 3/29/2016	
Printed Name: News A. Hinds	rusa			
Title: Que DOEK				
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The Alaska Club Wellness Partnersh	ip Representativ	e Name:	MD COASWELL	
Phone Number: <u>407</u> 365-7324				ul
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The Alaska Club Signature:	ia assull	<i>V</i>	Date: 03/28/2016	
Printed Name: De Anna Cogswell				
Title: Sales Manager				