THE ALASKA CLUB

Wellness Partnership

The Alaska Club agrees to assist Properties Alaska, LLC *(Organization Name)*

by providing the following wellness package to their employees *(Employees, team members, etc.)*:

Start Date: 4/19/17

Renewal Date: 4/18/18

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 Month Free Membership Dues
Two Months Free Good Life
$20/$30 Fitness Consultation Required

Properties Alaska, LLC

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.

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 employee **'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.

Properties Alaska, LLC 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 employee prior to this notification. All employees are individually responsible for cancelling their membership commitment.

Properties Alaska, LLC subsidizes/reimburses their employee 's membership(s) at the amount of Gold Fit per individual membership / Gold Fit per family membership.

Organization Name: Properties Alaska, LLC

Address: _____

Contact Name: Shannon Parberry

Phone Number: 907-232-0227 **Fax Number:** _____ **Email:** shannonparberry@gci.net

Billing Contact (if applicable): _____

Phone Number: _____ **Fax Number:** _____ **Email:** _____

Organization Signature: _____ **Date:** 4/19/17

Printed Name: _____

Title: _____

The Alaska Club Wellness Partnership Representative Name: _____

Phone Number: _____ **Fax Number:** _____ **Email:** _____

The Alaska Club Signature: _____ **Date:** 4/19/17

Printed Name: Taleen Lundale

Title: Corporate Wellness Coordinator

Comment