Wellness Partnership

Thelopay Group The Alaska Club agrees to assist aba Bolden While Start Date: <u>5/20/2016</u> by providing the following wellness package to their (Complex learn) Renewal Date: 5/20 **Wellness Calendar** ☐ Onsite ☐ Open House ☐ Fitness Party 1st Qtr 2nd Qtr _____ 2nd Qtr _2nd Qtr 3rd Qtr _____ 3rd Qtr _3rd Qtr 4th Qtr _____ 4th Qtr _ 4th Qtr ☐ Fitness Challenge ☐ Fitness Seminar □ Wellness Fair 1st Otr _ 1st Qtr 2nd Qtr __ 2nd Qtr 3rd Qtr _____ 3rd Qtr Date___ 4th Qtr _ 4th Qtr Date___ The Alaska Club agrees to offer the following membership benefits to each wellness activity. **Benefits to Employees:** Golden Wheel Universe



Available during events, onsites or open house periods only.

1 year agreement / fee for early cancellation required.



agrees to promote events in the following manner:

Promote via organization website, intranet or newsletter

All promotional materials to be approved and provided by

Posters to announce onsite date(s)

The Alaska Club.

THE ALASKA CLUB Corporate Agreement

Subsidizing or partially subsidizing	the cost of a The Alaska Club m	embership is completely optional. Should you
choose to, covering some or all of t	he cost of your <u>SMD 01X05 ·</u>	'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 Membe	er Accounting (337-9550 ext. 112	4) sixty-day prior notice to discontinuing the subsidy
of membership dues for its MOM	in general.	
employed there and shall be respons	diversitie Alaska Club II allyone i	or whom it pays a subsidy is no longer
RA. all a A A a a		· · · · · · · · · · · · · · · · · · ·
	are individually responsible for ca	ncelling their membership commitment.
per individual membe	ership.	's membership(s) at the amount of
Organization Name: The log	act Arring the di	sa Golden Wheel anwenests.
Address: 1869 010	Gen. Chuaia	L AK 99567
Contact Name:		L RE 11307
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		— 44
Phone Number:	Fax Number:	Email:
Billing Contact (if applicable)		
	: Deena Maus-	
Billing Contact (if applicable)	: Deena Maus-	Email:Email:
Billing Contact (if applicable)	: Deena Maus-	Email:
Billing Contact (if applicable) Phone Number: 907 688 2 Organization Signature:	Decha Maus- 294 Fax Number:	Email:Email:
Phone Number: 907 688 2 Organization Signature: Printed Name: Jaque	Deena Maus- 294 Fax Number:	Email:Email:
Billing Contact (if applicable) Phone Number: 907 688 2 Organization Signature:	Deena Maus- 294 Fax Number:	Email:Email:
Phone Number: 907 688 2 Organization Signature: Printed Name: Jacque Title: Vice Preside The Alaska Club Wellness Part	Decha Maus- 294 Fax Number: // Leach Handler cend nership Representative Nan	Email: deenaagoiden whee/ amusements.com Date:
Phone Number: 907 688 2 Organization Signature: Printed Name: Jacque Title: Vice Preside	Decha Maus- 294 Fax Number: // Leach Handler cend nership Representative Nan	Email: deenaagoiden whee/ amusements.com Date:
Phone Number: 907 688 2 Organization Signature: Printed Name: Jacque Title: Lace Preside The Alaska Club Wellness Part Phone Number: 901-365-7 The Alaska Club Signature:	Decha Maus- 294 Fax Number: // Leach Handler cend nership Representative Nan	Email: deenaagoiden whee/ amusements.com Date: Defination Email:
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