

Wellness Partnership

The Alaska Club agrees to assist Northern Refrigeration (Organization Name) by providing the following wellness package to their Employees (Employees, team members, etc.)		Start Date: 6/21/2017 Renewal Date: 6/21/2018		
Wellness Calendar				
■ Onsite	Open House	Fitness Party		
1st Qtr	1st Qtr	1st Qtr		
2nd Qtr	2nd Qtr	2nd Qti		
3rd Qtr	3rd Qtr	3rd Qtr		
4th Qtr	4th Qtr	4th Qtr		
Fitness Challenge	Fitness Seminar	Wellness Fair		
1st Qtr	1st Qtr	Date		
2nd Qtr	2nd Qtr	Date		
3rd Qtr	3rd Qtr	Date		
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Benefits to Employees:

\$0 Enrollment Fee

1st Month Free of Dues
2 Months Complimentary Membership Plus
Fitness Consultation Required

Northern Refrigeration

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

	t of a The Alaska Club membership is	s completely optional. Should you
choose to, covering some or all of the cost	of your employee 's The Alask	a Club membership can have a
significant impact on their energy, health a	and their focus. Organizations that sub	sidize their employee memberships
agree to give The Alaska Club Member Accou	nting (337-9550 ext. 1124) sixty-day p	orior notice to discontinuing the subsidy
of membership dues for its Emplyoees	_ in general.	
Northern Refrigeration will notify Ti	he Alaska Club if anyone for whom it pa	ays a subsidy is no longer
employed there and shall be responsible for	the dues subsidy of terminated emplo	yee prior to this
notification. All Emplyoees are indiv	ridually responsible for cancelling their	membership commitment
Northern Refrigeration subsidizes/	reimburses their employee 's	membership(s) at the amount of
50% per individual membership /	50% per family membership).
Organization Name: Northern Refrigera	ation	
Address: Juneau		
Contact Name: Amy Galvin		
Phone Number: 907-523-2700	Fax Number:	Email: amy.northernrefrigeration@gmail.com
Billing Contact (if applicable):		
Phone Number:	Fax Number:	Email:
Organization Signature:		Date: 07.11.17
Printed Name: Amy Galvin	5	
Title: Office Manager		
The Alaska Club Wellness Partnership	Penrecentative Name: Cameror	n Mitchell
Phone Number: 907-364-4317		
	Tax Number:	EIIIaII:
The Alaska Club Signature: Cameron	Mitchell Digitally signed by Cameron Mitchell Dis: cn=Cameron Mitchell, a, ou, ema Date: 2017.07.11 13.08:1388'00'	ii-cmitchell@thealaskadub.com, c=US Date: 7/11/2017
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