THE ALASKA CLUB

Wellness Partnership

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

Start Date: _____

Renewal Date: _____

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:

_____

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

WELLNESS PARTNERSHIP

The Alaska Club agrees to assist AK Waste (Organization Name) by providing the following wellness package to their employee's (Employees, team members, etc.):

Start Date: _____
Renewal Date: _____

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.

AK Waste 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 employee are individually responsible for cancelling their membership commitment. AK Waste reimburses their 6 's membership(s) at the amount of 0 per individual membership / 0 per family membership.

Benefits to Employees:

$0 Enrollment, 1st and 6th Months of Membership Dues Free,
3 Months of Good Life Free*, 1 Month of Team Training Free.
Non-Fitness Offer: 1 Month Free Tan & Massage Plus or Good Life*

*In available markets.

_____

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.

Organization Name: AK Waste
Address: 2801 Polar Bear Dr
Contact Name: Ron Stevens
Phone Number: 355-0038 **Fax Number:** _____ **Email:** RonS@AKWaste.com
Billing Contact (if applicable): _____
Phone Number: _____ **Fax Number:** _____ **Email:** _____

Organization Signature: _____ **Date:** 8/21-17
Printed Name: Ron Stevens
Title: Operations Manager

The Alaska Club Wellness Partnership Representative Name: Lynn Marks
Phone Number: 907-864-7137 **Fax Number:** _____ **Email:** lmarks@thealaskaclub.com

The Alaska Club Signature: Lynn Marks **Date:** 8-21-17
Printed Name: Lynn Marks
Title: Membership Coordinator

Comment

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 employee's in general.

AK Waste 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's prior to this notification. All employee's are individually responsible for cancelling their membership commitment.

AK Waste subsidizes/reimburses their 0 's membership(s) at the amount of 0 per individual membership / 0 per family membership.

Organization Name: AK Waste

Address: 2801 Polar Bear Dr.

Contact Name: Ron Stevens

Phone Number: 355-0038 **Fax Number:** _____ **Email:** RonS@AKWaste.com

Billing Contact (if applicable): _____

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

Organization Signature: _____ **Date:** 8/21/17

Printed Name: Ron Stevens

Title: Operations Manager

The Alaska Club Wellness Partnership Representative Name: Lynn Marks

Phone Number: 907-864-7137 **Fax Number:** _____ **Email:** lmarks@thealaskaclub.com

The Alaska Club Signature: Lynn Marks **Date:** 8-21-17

Printed Name: Lynn MARKS

Title: Membership Coordinator

Comment