



THE ALASKA CLUB

Wellness Partnership

Start Date: _____ Renewal Date: _____

The Alaska Club agrees to assist _____ by providing the following wellness package to their employees: *(Organization Name)*

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 _____

The Alaska Club agrees to offer the following membership benefits to each employee of _____ available during each wellness activity.
(Organization Name)

Benefits to Employees:

Available during events, onsite or open house periods only.
1 year agreement / fee for early cancellation required.

(Organization Name)

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

Helping Employees With the Cost of Membership at The Alaska Club

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 employees' The Alaska Club membership can have a significant impact on employee energy, health and their focus on serving your customers. Organizations that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550 ext. 1142) sixty day prior notice to discontinuing the subsidy of membership dues for its employees in general. _____ 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 employees prior to this notification. All employees are individually responsible for cancelling their membership commitment. _____ subsidizes/reimburses their employee's memberships at the amount of _____ per individual membership.

Organization Name: _____

Address: _____

Contact Name: _____

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

Billing Contact (if applicable): _____

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

Organization Signature: _____ **Date:** _____

Printed Name: _____

Title: _____

The Alaska Club Wellness Partnership Representative Name: _____

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

The Alaska Club Signature: _____ **Date:** _____

Printed Name: _____

Title: _____