THE ALASKA CLUB

Wellness Partnership

The Alaska Club agrees to assist FNSSO (Organization Name)

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

Start Date: 10/9/2018

Renewal Date: 10/8/19

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
5-15-19 3rd Qtr
_____ 4th Qtr

■ Fitness Challenge

_____ 1st Qtr
3-1-19 to 3-30-19 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:

0Enrollment
1st and 6th month Free of Membership Dues
3 Months of Good Life
1 Month of Team Training
Non Fitness Offer- 1Month Free Tan and Massage Plus or The Good Life

FNSSO

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.

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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.

FNSSO 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.

FNSSO subsidizes/reimburses their Employee 's membership(s) at the amount of $103 per individual membership / $154 per family membership.

Organization Name: FNSSO

Address: 2741 Debarr Rd Ste C402 Anchorage, Ak 99508

Contact Name: Donna Reyes

Phone Number: 907-276-3676 **Fax Number:** 907-276-3679 **Email:** dreyes@FarNorthSurgery.com

Billing Contact (if applicable):

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

Organization Signature: **Date:** 10/09/18

Printed Name: Donna Reyes

Title: Office Manager

The Alaska Club Wellness Partnership Representative Name: Charles Goodman

Phone Number: 907-365-7322 **Fax Number:** **Email:** cgodman@thealaskaclub.com

The Alaska Club Signature: **Date:**

Printed Name: Charles Goodman

Title: Senior Membership Coordinator- The Alaska Club West

Comment