THE ALASKA CLUB

Wellness Partnership

Protek Painting, INC

Start Date: 10/26/2015 Renewal Date: 10/26/2016

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

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 Protek Painting, INC *(Organization Name)* available during each wellness activity.

Benefits to Employees:

0 enrollment, 1 month free, 2 months free of membership plus Employee pays consult fee

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

Protek Painting, INC *(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.

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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. Protek Painting, INC 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. Protek Painting, INC subsidizes/reimburses their employee's memberships at the amount of $20.00 per individual membership.

* 100% for all Company Officers: Keith Makela will approve names *

Organization Name: Protek Painting, INC

Address: PO Box 876562

Contact Name: Keith Makela

Phone Number: (907)521-0149 **Fax Number:** _____ **Email:** protekalaska@gmail.com

Billing Contact (if applicable): _____

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

Organization Signature: Keith Mak **Date:** _____

Printed Name: Keith Makela

Title: Owner

The Alaska Club Wellness Partnership Representative Name: Dody Donn

Phone Number: (907)864-7149 **Fax Number:** _____ **Email:** ddonn@thealakskaclub.com

The Alaska Club Signature: Dody D **Date:** 10/26/15

Printed Name: Dody Donn

Title: Membership Manager

PROTEK PAINTING INC.
P O BOX 876562
WASILLA, AK 99687-6562

1070

89-5/1252 3417
6443579716

Date _____

Pay To The Order of _____ $ _____

_____ Dollars

Security Features Details on Back.

WELLS FARGO Wells Fargo Bank, N.A. Alaska wellsfargo.com

For _____

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...s on credit card)

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____/____

American Express accepted

Auto Pay Terms and Conditions

As an enrollee in this program, I understand that:

1. I authorize The Alaska Club to electronically deduct any and all balances monthly from my account within the first 10 days of each month. The balance due may vary month to month and will include monthly dues, fees and any and all charges owing by me in connection with my membership. Electronic deductions will continue until my membership is terminated or cancelled, the remaining balance on my membership through the effective date of termination or cancellation are deducted or I advise The Alaska Club to discontinue automatic payments with a 30 day written notice. I further agree that cancellation of my Auto Pay by ACH or credit card does not cancel my membership. I agree that I am financially responsible for all members on this agreement.
2. In the event my credit card is declined due to a change in expiration date and/or credit card number change, I authorize The Alaska Club and its payment processors to re-process my payment using an updater program to update an expiration date and/or credit card number update. This update is performed on a secure server in accordance with PCI compliance. I acknowledge that this re-processing may occur on any date within the month. I agree that the expiration or cancellation of my credit card does not cancel my membership. If my Automatic Payment information changes for any reason including expiration dates, and cannot be auto updated by the aforementioned updater program, I will notify The Alaska Club of the new account information. If I fail to provide this information prior to the due date and The Alaska Club is unable to process my payment, I will be responsible for an alternative payment arrangement and a $20 return fee and any late fees which may result. If I cannot be contacted or do not make alternative payment arrangement, my membership will be subject to normal credit procedures for non payment.
3. Paperless Statements. My monthly statement will be available online at www.thealaskaclub.com. I will be responsible for reviewing my statement monthly and notifying The Alaska Club of any changes to my email address, mailing address or phone numbers. Email address must be provided.

Email Address: Protekalaska@gmail.com

I, the undersigned, authorize The Alaska Club to charge my club billing to the checking account or credit card indicated above. I agree to the Automatic Payment terms and conditions listed below.

Print Name: Keith Makela Member Numbe V41323

Signature: _____ Date: 10/26/2015

THE ALASKA CLUB

...Only one check in per day per individual/family member will be counted toward this total.