



THE ALASKA CLUB

Wellness Partnership

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

Start Date: 12/31/15

Renewal Date: 12/31/16

Wellness Calendar

☒ Onsite

TBD 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☒ Open House

TBD 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 employees of
Algone Interventional Pain Clinic available during each wellness activity.

Benefits to Employees:

0 enrollment

first month free

2 comp months of Membership Plus

Employee pays consult fee:

\$20 for IND or \$30 for Family

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

Algone Interventional Pain Clinic

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 employees'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. Algone Interventional Pain Clinic 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. Algone Interventional Pain Clinic subsidizes/reimburses their employees's membership(s) at the amount of 0 per individual membership.

Organization Name: Algone Interventional Pain Clinic

Address: 3066 E. Meridian Park Lp. #1 Wasilla, AK 99654

Contact Name: Brandy Gallagher

Phone Number: (907)373-9460 ext:116 Fax Number: (907)373-9461 Email: bgallagher@aipak.com

Billing Contact (if applicable): N/A

Phone Number: _____ Fax Number: _____ Email: _____

Organization Signature: Brandy Gallagher Date: 12/31/15

Printed Name: Brandy Gallagher

Title: Marketing Director

The Alaska Club Wellness Partnership Representative Name: Dody Donn

Phone Number: (907)444-8784 Fax Number: N/A Email: ddonn@thealaskaclub.com

The Alaska Club Signature: Dody Donn Date: 12/31/15

Printed Name: Dody Donn

Title: Membership Manager

