



Corporate Wellness Partnership

Start Date: _____ Renewal Date: _____

The Alaska Club agrees to assist _____ by providing the following wellness package to their employees: _____
COMPANY NAME

WELLNESS CALENDAR

☐ Wellness Fair	_____ 1st Qtr	☐ Fitness Party	_____ 1st Qtr
	_____ 2nd Qtr		_____ 2nd Qtr
	_____ 3rd Qtr		_____ 3rd Qtr
	_____ 4th Qtr		_____ 4th Qtr
☐ Fitness Challenge	_____ 1st Qtr	☐ Fitness Seminar	_____ 1st Qtr
	_____ 2nd Qtr		_____ 2nd Qtr
	_____ 3rd Qtr		_____ 3rd Qtr
	_____ 4th Qtr		_____ 4th Qtr
☐ Onsite	_____ 1st Qtr	☐ Open House	_____ 1st Qtr
	_____ 2nd Qtr		_____ 2nd Qtr
	_____ 3rd Qtr		_____ 3rd Qtr
	_____ 4th Qtr		_____ 4th Qtr

The Alaska Club agrees to offer the following membership benefits to each employee of _____ available during each wellness activity.
COMPANY NAME

Benefits to Employees:

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

COMPANY NAME

agrees to promote events in the following manner:

- ☐ Promote via company website, intranet or newsletter
☐ Posters to announce On-Site date(s)

All promotional materials to be approved and provided by The Alaska Club.



Corporate Wellness Partnership

Subsidizing Corporate Membership

Companies that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550 ext 142) 60 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
COMPANY NAME
_____ per individual membership.

The Alaska Club agrees to provide two weeks of digital signage and a newsletter feature for subsidizing their employee memberships.

Business Name: _____

Address: _____

Contact Name: _____

Phone number: _____ Fax number: _____ Email: _____

Billing Contact (if applicable): _____

Phone number: _____ Fax number: _____ Email: _____

The Alaska Club contact information: _____

Corporate Wellness Representative Name: _____

Phone number: _____ Fax number: _____ Email: _____

Company Signature: _____ Date: _____

The Alaska Club Signature: _____