



## THE ALASKA CLUB

### WELLNESS PARTNERSHIP

The Alaska Club agrees to assist \_\_\_\_\_ by providing  
the following wellness package to their \_\_\_\_\_:  
(Employees, team members, etc.) (Organization Name)

Start Date: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Should you choose to, covering some or all of the cost of your \_\_\_\_\_'s The Alaska Club membership can have a significant impact on their energy, health and their focus.

\_\_\_\_\_ 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 \_\_\_\_\_ prior to this notification.

All \_\_\_\_\_ are individually responsible for cancelling their membership commitment. \_\_\_\_\_ reimburses their \_\_\_\_\_'s membership(s) at the amount of \_\_\_\_\_ per individual membership / \_\_\_\_\_ per family membership.

#### Benefits to Employees:

\$0 Enrollment, 1 and 1/2 Months of Membership Dues Free,  
Two Months of Good Life Free\*, One Week of Team Training Free.  
Non-Member Offer: One Month Free Tan & Massage Plus or Good Life\*

\*In available markets.

#### 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.

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: \_\_\_\_\_

Comment