



THE ALASKA CLUB

Corporate Wellness Partnership

North Pole Prescription Labritory

Start Date: _____

Renewal Date: _____

The Alaska Club agrees to assist North Pole Prescription Labritory by providing the following wellness package to their employees: COMPANY NAME

WELLNESS CALENDAR

☐ Wellness Fair
one per quarter

☐ Fitness Party
one per quarter

☐ Fitness Challenge
one per quarter

☐ Fitness Seminar
one per quarter

☐ Onsite
one per quarter

☒ Open House
one per quarter

4/28-5/4/13

7/28-8/3/13

10/27-11/2/13

1/26-2/1/14

The Alaska Club agrees to offer the following membership benefits to each employee of North Pole Prescription Labritory available during each wellness activity.

COMPANY NAME

Benefits to Employees:

\$0 Enrollment

First month dues free

* 2 months membership plus free

\$20-\$30 Fitness Consult fee with the start of any membership.

*during on-sites and open houses

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

North Pole Prescription Labritory

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.



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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. North Pole Prescription Labritory 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.

North Pole Prescription Labritory 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: North Pole Prescription Labritory

Address: _____

Contact Name: Leif Home

Phone number: 488-8555 Fax number: _____ Email: Lholm36@ gmail.com

Billing Contact (if applicable): _____

Phone number: _____ Fax number: _____ Email: _____

The Alaska Club contact information: 747 Old Richardson HWY Fairbanks AK 99701

Corporate Wellness Representative Name: Paul Illguth

Phone number: 458-1791 Fax number: 456-5961 Email: pillguth@thealaskaclub.com

Company Signature: _____ Date: 3/21/13

The Alaska Club Signature: _____