THE ALASKA CLUB

Wellness Partnership

The Alaska Club agrees to assist J&J Independent Living
(Organization Name)
by providing the following wellness package to their clients:
(Employees, team members, etc.)

Start Date: 7/7/17

Renewal Date: 7/6/18

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_____

Benefits to Employees:
Zero enrollment, One Month Free Membership Dues, Two Months of Membership Plus Free. Non Member Offer: One Month Free Tan & Massage Plus or Good Life

J&J Independent Living

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.

THE ALASKA CLUB 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 employee **'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 clients in general.

J&J Independent Living 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 employee prior to this notification. All clients are individually responsible for cancelling their membership commitment.

J&J Independent Living subsidizes/reimburses their employee 's membership(s) at the amount of _____ per individual membership / _____ per family membership.

Organization Name: J&J Independent Living

Address: 165 E Parks Hwy Suite 106, Wasilla, AK 99654

Contact Name: Jo

Phone Number: (w)907-373-3953 **Fax Number:** (907)373-3983 **Email:** office@jjinliv.com

Billing Contact (if applicable): _____

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

Organization Signature: _____ **Date:** _____

Printed Name: Billie Jo Hansen

Title: Agency Administrator / CEO

The Alaska Club Wellness Partnership Representative Name: Taleen Lundale

Phone Number: (w)907-330-0181 **Fax Number:** (c)907-351-6966 **Email:** _____

The Alaska Club Signature: _____ **Date:** _____

Printed Name: Taleen Lundale

Title: Corporate Wellness Coordinator

Comment