



THE ALASKA CLUB

Wellness Partnership

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

Start Date: _____

Renewal Date: _____

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:

_____ 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 _____'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 _____ 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 _____ prior to this notification. All _____ are individually responsible for cancelling their membership commitment. _____ subsidizes/reimburses their _____'s membership(s) at the amount of _____ per individual membership / _____ per family membership.

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