



*GOODLIFE FITNESS CLUBS  
PERSONAL INFORMATION REQUEST FORM*

---

Name of Applicant GoodLife Membership Number

---

Street, address, apartment City or town

---

Province Postal Code Telephone Number

Please check off below how you would like to receive the documents:

Email

---

**PLEASE NOTE:** *Banking and Credit Card information cannot be sent by email and will be blacked out. If you require this information, it can only be sent via Regular Mail.*

Mail:

---

Provide Details regarding the information being sought

---

**Signature**

---

**Date**

A response will be sent to the applicant within 30 days of receipt of the signed Personal Information Request Form. Goodlife Fitness Clubs reserves the right to require production of photo identification before any personal information access request is processed.

Please specify above if you would prefer to receive your request via mail or email. Please note that Banking and Credit Card information cannot be sent by email and will be blacked out. If you require this information, it must be sent by mail.

I acknowledge and accept that GoodLife takes no responsibility for information intercepted, misdirected or lost in transit to me.

**MAIL**  
GoodLife Fitness Clubs  
c/o Privacy Officer  
710 Proudfoot Lane  
London, ON N6H 5G5

**FAX**  
Attention: Privacy Officer  
FAX: (519) 432-5685

**EMAIL**  
[privacyofficer@goodlifefitness.com](mailto:privacyofficer@goodlifefitness.com)

---

The personal information provided on this form is protected under the provisions of the Privacy Act.