



*GOODLIFE FITNESS  
PERSONAL INFORMATION REQUEST FORM*

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Name of Applicant GoodLife Membership Number

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Street, address, apartment City or town

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Province Postal Code Telephone Number

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Email Address (please provide only if you wish to correspond regarding this request via email)

Provide Details regarding the information being sought

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**Signature**

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**Date**

A response will be mailed to the applicant at the address listed above by regular letter mail (in addition to e-mail if checked below) within 30 days of receipt of this signed Personal Information Request Form. GoodLife Fitness reserves the right to require production of photo identification before any personal information access request is processed.

- In addition to a printed copy, please send me an electronic copy of the information I am requesting via email.  
I acknowledge and accept that GoodLife takes no responsibility for information intercepted, misdirected or lost in transit to me.

Please send completed, signed request to the Privacy Officer of GoodLife Fitness via mail or fax to the address listed below.

**MAIL**  
GoodLife Fitness  
c/o Privacy Officer  
201 King Street  
London, ON N6A 1C9

**FAX**  
Attention: Privacy  
FAX: (519) 434-6701