



*GOODLIFE FITNESS CLUBS
PERSONAL INFORMATION REQUEST FORM*

Name of Applicant

GoodLife Membership Number

Full Address (Street Address, City, Province, Postal Code)

Telephone Number

Email

Records responsive to your request will be provided electronically to the email address listed above. Please ensure your email address is accurate and up to date.

PLEASE NOTE: Records may be redacted prior to disclosure. Redactions may include banking and credit card information, as well as personal information relating to other individuals.

Provide Details regarding the information being sought

I acknowledge and accept the risks associated with the electronic transmission of records to the email address provided above.

Signature

Date

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

MAIL

GoodLife Fitness Centres Inc.
c/o Privacy Officer
710 Proudfoot Lane
London, ON N6H 5G5

FAX

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

EMAIL

privacyofficer@goodlifefitness.com

The personal information provided on this form is protected under the provisions of PIPEDA