



*GOODLIFE FITNESS CLUBS
PERSONAL INFORMATION REQUEST FORM*

Name of Applicant GoodLife Membership Number

Street, address, apartment City or town

Province Postal Code Telephone Number

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

Provide Details regarding the information being sought

Signature

Date

A response will be mailed to the applicant at the address listed above by regular letter mail (or e-mail if an e-mail address is provided) within 30 days of receipt of this 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 send completed, signed request to the Privacy Officer of GoodLife Fitness clubs via mail or fax to the address listed below.

MAIL

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

FAX

Attention: Privacy
FAX: (519) 434-6701

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