

## GoodLife Replacement Card Request

**PLEASE COMPLETE AND SUBMIT DIRECTLY TO THE  
CORPORATE WELLNESS OFFICE FOR PROCESSING**

Name: \_\_\_\_\_  
(As it appears on your GoodLife membership card)

Company Name: \_\_\_\_\_

Please indicate the reason for the requested replacement card:

- Stolen
- Has been lost/damaged
- No longer readable/scanning
- If lost or damaged by a GoodLife associate while at the club please indicate the club address: \_\_\_\_\_

**PAYMENT INFO (Must be paid in full)**

VISA/Master Card# (16 digits) \_\_\_\_\_ Exp: \_\_\_\_\_

TOTAL FEE SUBMITTED: \$ \_\_\_\_ 25.00 \_\_\_\_ plus applicable taxes \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

**Please fax request form including credit card information to (416)752-6621. You may also email your completed request form to [corporatewellness@goodlifefitness.com](mailto:corporatewellness@goodlifefitness.com)**

**OR if you wish to pay by certified cheque, or money order payable to**

**GoodLife Fitness Clubs please mail to:**

**(No personal cheques will be accepted)**

**GoodLife Fitness Clubs**

**Attention: Corporate Wellness Department**

**1448 Lawrence Ave. E. Unit 17**

**North York, Ontario**

**M4A 2V6**

1. I will not be issued any form of interim membership privileges. (e.g. temporary card, pass, etc) while I wait for my replacement card).
2. GoodLife will send my replacement card to my company program administrator
3. If I find my original card after submitting this form, I am still liable for the fees associated with the production of the replacement card. My original card number will be deactivated by GoodLife.

Signature: \_\_\_\_\_

Date submitted: \_\_\_\_\_