

Membership Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Membership Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Membership Coordinator's Name],

I am writing to formally request the cancellation of my membership with [Membership Organization Name], effective immediately. My membership ID is [Your Membership ID].

While I have enjoyed my time as a member, I have decided to discontinue my membership for personal reasons.

Please confirm the cancellation of my membership and any final details related to this process. I appreciate your attention to this matter.

Thank you for your understanding.

Sincerely,

[Your Name]