

Membership Cancellation Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Professional Association Name]

[Address of the Association]

[City, State, Zip Code]

Dear [Association's Membership Department],

I hope this message finds you well. I am writing to formally request the cancellation of my membership with [Professional Association Name], effective immediately. My membership ID is [Your Membership ID].

This decision is due to [brief reason for cancellation, e.g., personal circumstances, financial reasons, etc.]. I appreciate the opportunities and resources provided by the association during my membership.

Please confirm the cancellation of my membership and ensure that no further payments are deducted from my account.

Thank you for your attention to this matter. I look forward to your confirmation.

Sincerely,

[Your Name]