

# Wellness Program Membership Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the cancellation of my membership in the wellness program effective immediately. My membership ID is [Your Membership ID].

While I have appreciated the benefits of the program, due to [reason for cancellation], I find it necessary to cancel my membership at this time.

Please confirm my cancellation and let me know if there are any further actions required on my part. Thank you for your assistance.

Sincerely,

[Your Name]