

Membership Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Membership Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Membership Provider's Name],

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

Due to [brief reason for cancellation, if desired], I believe it is in my best interest to discontinue my membership at this time.

Please confirm the cancellation of my membership and ensure that no further payments are processed. I would appreciate written confirmation of this cancellation.

Thank you for your assistance.

Sincerely,

[Your Name]