

Alumni Association Membership Cancellation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Alumni Association

[University Name]

[Address]

[City, State, Zip Code]

Dear Alumni Association Team,

I hope this message finds you well. I am writing to formally request the cancellation of my membership with the Alumni Association, effective immediately.

My membership details are as follows:

- Name: [Your Full Name]
- Graduation Year: [Your Graduation Year]
- Membership ID: [Your Membership ID]

While I have appreciated the benefits of being a member, I have decided to discontinue my membership at this time. Please confirm the cancellation of my membership and let me know if there are any further steps I need to take.

Thank you for your assistance.

Sincerely,

[Your Name]