

Membership Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Association Name]

[Association Address]

[City, State, Zip Code]

Dear [Association Name] Team,

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

Due to [brief reason for cancellation, if desired], I have decided to discontinue my membership. I would appreciate your confirmation of this cancellation, and any additional steps I need to take.

Thank you for your assistance. I hope to have the opportunity to rejoin in the future.

Sincerely,

[Your Name]