

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/Manager's Name],

I am writing to formally request the cancellation of my association membership effective immediately. My membership number is [Membership Number].

Due to [briefly explain reason for cancellation, e.g., personal reasons, financial constraints, etc.], I have decided to discontinue my membership.

Please confirm the cancellation of my membership and let me know if there are any further actions needed on my part.

Thank you for your attention to this matter.

Sincerely,

[Your Name]