

Voluntary Cancellation of Association Services

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],

I am writing to formally request the voluntary cancellation of my membership and services with [Association Name], effective immediately. My membership details are as follows:

Member ID: [Your Member ID]

Name: [Your Full Name]

I have decided to discontinue my association with the organization due to [briefly state reason, if desired]. I kindly request that you process my cancellation and confirm by [insert preferred confirmation date].

Thank you for your assistance.

Sincerely,

[Your Name]