

Membership Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Membership Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Membership Organization Name],

I am writing to formally notify you of my decision to cancel my membership, effective immediately. My membership ID is [Insert Membership ID].

Thank you for the services provided during my time as a member. I appreciate the support and opportunities offered.

Please confirm the cancellation of my membership and ensure that no further charges are made to my account.

Sincerely,

[Your Name]