

Membership Withdrawal Receipt

Date: [Date]

Member Name: [Member Name]

Membership ID: [Membership ID]

Address: [Member Address]

Withdrawal Details

Membership Type: [Membership Type]

Withdrawal Date: [Withdrawal Date]

Amount Refunded: [Refund Amount]

Reason for Withdrawal

[Reason for Withdrawal]

Thank you for being a member. We are sorry to see you go. Should you wish to reinstate your membership in the future, please contact us.

Sincerely,

[Organization Name]

[Contact Information]