

Membership Confirmation

Date: [Insert Date]

[Your Organization's Name]

[Your Organization's Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter is to confirm that [Member's Name], residing at [Member's Address], is an active member of [Your Organization's Name].

Membership ID: [Membership ID]

Membership Type: [Type of Membership]

Membership Start Date: [Start Date]

Should you require any further information, please feel free to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]