

Membership Continuation Request

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Membership Coordinator
Organization Name
Organization Address
City, State, Zip Code

Dear Membership Coordinator,

I hope this message finds you well. I am writing to formally request the continuation of my membership with [Organization Name]. My membership ID is [Membership ID] and my membership is scheduled to expire on [Expiration Date].

I have greatly valued the benefits and opportunities that come with being part of [Organization Name], and I would like to continue enjoying these. Please let me know if there are any requirements or forms that need to be completed to facilitate this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
Your Name