

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Union Name]

[Union Address]

[City, State, Zip Code]

Dear [Union Representative's Name],

I am writing to formally request the cancellation of my membership with [Union Name]. My membership ID is [Your Membership ID].

Due to [brief reason for cancellation, e.g., personal reasons, change in employment, etc.], I no longer wish to continue my membership.

Please confirm the cancellation of my membership and ensure that any deductions from my pay are ceased effective immediately.

Thank you for your attention to this matter.

Sincerely,

[Your Name]