

# Cancellation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Health Club Name]

[Health Club Address]

[City, State, Zip Code]

Dear [Health Club Manager's Name],

I am writing to formally request the cancellation of my health club membership, effective immediately. My membership ID is [Insert Membership ID].

Due to [State reason briefly, e.g., personal circumstances, relocation, etc.], I am unable to continue my membership.

Please confirm the cancellation of my membership and ensure that no further payments are deducted from my account.

Thank you for your attention to this matter.

Sincerely,

[Your Name]