Membership Cancellation Declaration

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Organization Name] Membership Department,

I am writing to formally declare my cancellation of membership with [Organization Name], effective immediately.

My membership ID is: **[Your Membership ID]**.

While I have appreciated the benefits and services during my time as a member, I have decided to pursue other opportunities at this time.

Please confirm the cancellation of my membership and ensure that no further charges are applied to my account.

Thank you for your understanding.

Sincerely,

[Your Name]