

Membership Opt-Out Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

Dear [Organization Name] Team,

I am writing to formally request to opt-out of my membership with [Organization Name]. My membership ID is [Your Membership ID], and I have decided to discontinue my involvement with the organization.

Please confirm the cancellation of my membership and ensure that no further communications or obligations are sent to me after this request.

Thank you for your understanding.

Sincerely,

[Your Name]