

Membership 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 membership at [Health Club Name], effective immediately. My membership ID is [Your Membership ID].

After careful consideration, I have decided to discontinue my membership due to [personal reasons/factors such as relocation, financial issues, etc.]. I appreciate the services I have received during my time at the club.

Please confirm the cancellation of my membership and any final charges or refunds that may apply. I would appreciate receiving a confirmation letter regarding the cancellation for my records.

Thank you for your understanding.

Sincerely,

[Your Name]