

Membership Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Membership ID or Account Number]

To: [Service Provider Name]

[Service Provider Address]

Dear [Service Provider],

I am writing to formally request the cancellation of my membership with [Service Name], effective immediately. My account details are provided above for your reference.

While I have enjoyed the services provided, I have decided not to continue my membership at this time.

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

Thank you for your assistance.

Sincerely,

[Your Name]