

Membership Fee Waiver Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a waiver for my membership fees for the [Specify Membership Type/Program] due to [briefly explain your reason, e.g., financial hardship, personal circumstances].

I have greatly valued my membership and the services it provides, but [explain your current situation and why you are unable to pay]. I believe that receiving a waiver would greatly assist me during this challenging time.

Thank you for considering my request. I look forward to your understanding and support, and I hope to continue my involvement with [Organization Name].

Sincerely,

[Your Name]