

Membership Withdrawal Request

Date: [Insert Date]

To,
[Fitness Center Name]
[Fitness Center Address]
[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally request the withdrawal of my membership from [Fitness Center Name]. My membership ID is [Insert Membership ID].

Due to [brief reason for withdrawal, e.g., personal circumstances, relocation, etc.], I regret to inform you that I am unable to continue my membership.

As per the terms and conditions of my membership agreement, I am providing this notice [insert required notice period, if any]. My last day of membership should be [insert last effective date].

Please send me a confirmation of this withdrawal and any further steps I may need to complete. Thank you for your understanding.

Sincerely,
[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]