

Health Club Membership Discontinuation

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 discontinuation of my health club membership effective immediately. My membership ID is [Your Membership ID].

Due to [brief reason for discontinuation, e.g., personal reasons, relocation, financial constraints], I will no longer be able to continue my membership.

Please confirm the cancellation of my membership and ensure that no further payments are processed from my account. I would appreciate receiving a written confirmation to my email or mailing address.

Thank you for your assistance, and I hope to return in the future.

Sincerely,

[Your Name]