

Membership Discontinuation Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Membership Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Membership Coordinator's Name],

I am writing to formally confirm the discontinuation of my membership with [Membership Organization Name], effective immediately. My membership ID is [Your Membership ID].

I appreciate the services provided during my time as a member and wish the organization continued success.

Thank you for your attention to this matter.

Sincerely,

[Your Name]