

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Membership Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Dear [Membership Coordinator's Name],

I hope this message finds you well. I am writing to confirm my intention to continue my membership with [Membership Organization's Name].

Please let me know if there are any forms or fees required to process my renewal.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Membership ID (if applicable)]