**[on official letterhead]**

[Date]

**Subject: GWOPA Institutional Membership**

To the GWOPA Secretariat,

By submitting this Institutional membership form, I confirm that I have the authority and clearances to represent [Organization’s Name] in all matters related to this membership.

Sincerely,

[Full Name]

[Position/Title]

[Organization’s Name]

[Contact Information] (e.g., email, phone number)