

Dr. Jordan Read  
Executive Director  
CUAHSI  
1167 Massachusetts Avenue  
Arlington, MA 02476

Dear Dr. Read,

The purpose of this letter is to confirm that \_\_\_\_\_ wishes to apply to become an Affiliate Member of the Consortium of Universities for the Advancement of Hydrologic Science, Inc. (CUAHSI). We have appointed Dr. \_\_\_\_\_ as our official Representative. Upon notification of acceptance of our application for affiliate membership, we will remit the \$500 membership fee.

Sincerely,

*[Dean or higher]*

**Representative:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_