



# Cool Spring Terrace Civic Association (CSTCA)

## Membership & Mailing List Application

Today's Date \_\_\_\_\_

Dues per Household: \$10

Association dues should be sent to our Treasurer, Anika Halota or bring to the next Association General Membership Meeting.

Checks or Money Orders should be made payable to: **Cool Spring Terrace Civic Association or CSTCA** and mailed to:

**Mrs. Anika Halota  
Treasurer, CSTCA  
3305 Cool Spring Road  
Adelphi, MD 20783**

Membership meetings are held on the fourth Saturday of every other month. Our meetings are held at the Christian Science Society, 8300 Adelphi Rd., Hyattsville in the church's classroom.

WELCOME!

The form that follows will help the Association improve its communications with you, our new member—and to establish an accurate roster and mailing list for our civic association. This information will be used only to contact you with Association related matters. It will enable the CSTCA to contact residents with information in times of community events, activities, and other gatherings. Or for emergencies, such as snow storms and other hazardous conditions. The Association maintains a strong link to state and county services and can act to inform you more quickly if we have this information. Please take the time to fill out this quick survey as future communications will be based on the input received. It is very helpful if you provide your telephone number, as well as email.

**Marguerite (Margie) Mickens-Mosley  
President, CSTCA  
2500 Cool Spring Road (Please send your contact information to Margie)  
Adelphi, MD 20783  
Mosley1063@gmail.com**

\* Required

## CSTCA COMMUNICATIONS AND MAILING INFORMATION

Last Name:\* \_\_\_\_\_

First Name:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Email Address Secondary: \_\_\_\_\_

Last Name Adult #2: \_\_\_\_\_

First Name Adult #2: \_\_\_\_\_

Email Address Adult #2: \_\_\_\_\_

House Number:\* \_\_\_\_\_

Street:\* \_\_\_\_\_

City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ ZIP Code:\* \_\_\_\_\_

Home Phone No:\* \_\_\_\_\_ Cell Phone:\* \_\_\_\_\_

Work Phone:\* \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Residence Type:\***

- |   |   |
|---|---|
| <input type="checkbox"/> Primary Home   | <input type="checkbox"/> Secondary Home                     |
| <input type="checkbox"/> Rental Property  | <input type="checkbox"/> Law Enforcement Partner            |
| <input type="checkbox"/> Elected Official (Council Member, Senator, Delegate, etc.) | <input type="checkbox"/> County Official (DPW&T, DER, etc.) |
| <input type="checkbox"/> Fire & Safety Partner                                      | <input type="checkbox"/> Other:                             |

**Own or Rent:\***

\_\_\_\_\_ Own \_\_\_\_\_ Rent

Are you interested in volunteering to support the CSTCA? Volunteering opportunities include but are not limited to being a block captain, organizing a neighborhood watch, helping with/organizing events and activities, or serving as a CSTCA Officer, etc.

- \_\_\_\_\_ Yes  
 \_\_\_\_\_ No  
 \_\_\_\_\_ Maybe

Is there an issue of importance to you that you would like the CSTCA to address or any suggestions for the CSTCA?

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\* Required