City of Winston-Salem Office of the Mayor - Allen Joines Citizen Application for Advisory Boards and Commissions

Name: Michael Cashin	Race: Caucasian
Gender: male female Birthdate: 9/19/78	E-mail michael.cashin@wbd-us.com
Home Phone: (919) 452-3204 Daytime Phore	ne: (336) 721-3696 Fax:
Home Address: 701 Roslyn Road, Winston-S	Salem, NC 27104
Do you live within the City Limits of Winsto	on-Salem? (circle one) Yes No
Do you live within the County of Forsyth? (c	circle one) Yes No
Current Occupation/Title: Attorney	
Employer/Business Name: Womble Bond Di	ickinson (US) LLP
Business Address and Zip: One West Fourth	Street, Winston-Salem, NC 27101
Supervisor Name: N/A	
Education: High School [ ] College [ ] Gradu	nate School [] Other []
Degree/Subject of Study: German and Intern Comparative Law (Masters); Tax Law (Masters)	national Trade (BA); Law (JD); International and ters)
School Name/Years Attended: Clemson Uni New York University (2005-2006)	versity (1996-2000); Duke University (2002-2005)
BOARD/COMMISSION APPLYING FOR Improvement District Advisory Committee	(list one): Downtown Winston-Salem Business
List the Board or Commission you currently	serve and your term expiration date. N/A

Why are you interested in serving on the Board/Commission you are applying for? I am the chair of the DWSP, and would like to serve on the committee as a representative of the DWSP.	
Are you willing to serve on any other Board/Commission? Please list: Not at this time.	
Are you interested in serving in any other community volunteer activities? Not that this time	
List two personal references bel-	ow.
Name: Jason Thiel	Daytime Telephone: (336) 816-3940
Address: 305 W. Fourth St., Sui President of DWSP/Friend	te 2-E, Winston-Salem, NC 27101 (work) Relationship:
Name: Alfred Adams	Daytime Telephone: (336) 403-3561
Address: Unknown	Relationship: Chair of Downtown Winston-Salem Foundation
AFFIRMATION OF ELIGIBILITY Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?	
Yes No If yes, exp	plain complete disposition.
	interest or other matter that would create problems or prevent discharging your duties as an appointee to a Board/Commission?

I understand this application is public record, and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement or conduct will because for my removal from any board or commission.

Signature of Applicant:

\_Date: <u>9//3/20</u>

RETURN COMPLETED FORM TO:

Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102 Telephone: 336-727-2058 Fax: 336-748-3241