

**MICHIGAN FARM BUREAU LEGAL DEFENSE FUND
GRANT APPLICATION**

Member Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Street

Fax No. _____

City

MI

Zip

County Farm Bureau: _____ E-mail: _____

The purpose of the Legal Defense Fund is to provide financial support in connection with legal issues of common concern to Michigan agriculture, in particular those issues where the decision will be viewed as establishing an important precedent. Please describe your legal issue:

Please attach any additional materials, such as pleadings or legal briefs, that will help explain your grant application.

Amount of Grant Requested: \$ _____ Your Costs to Date: _____

Name of Member's Attorney: _____ Phone No: _____

Attorney's Address: _____

Member agrees that if a grant is awarded and member subsequently recovers attorney fees and/or other costs of litigation through settlement or judgment, member shall pay a pro-rata share of such recovery to the Legal Defense Fund according to the portion that the Legal Defense Fund grant represented of the total attorney fees and other costs of litigation paid by the member relating to the issue.

Mail to: Michigan Farm Bureau
Attn: Legal Department
PO Box 30960
Lansing, MI 48909-8460

Member's Signature

Date _____

Email to: aeicher@michfb.com