



To shop at our Family Membership Store, you must complete this form. Once completed, the form may be emailed to estore@ecommunityoutreach.org or may be brought by the client to their first shopping visit. A photo ID for the Head of Household is also required.

ECOS Family Membership Store Referral Form

Address: 959 W. Huron Waterford, MI 48328

Phone: 855.976.9367

Email: estore@ecommunityoutreach.org

Client Shopping Hours:

Monday-Friday: 11AM – 3:00PM

Once referred, the client may shop once a month for a year

HEAD OF HOUSEHOLD

Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____ County: _____

Ethnicity: _____ Gender: _____ Married OR Single: _____

(Area Code) Phone Number: _____ Email Address: _____

HOUSEHOLD MEMBERS (MUST LIVE AT ADDRESS ABOVE)

First Name	Last Name	Relationship to Parent (child/spouse/relative)	Birthdate	Gender

Agency _____

Agency Signature _____

Date _____

Please note: an original signature from the referring agency is required for referral to be valid. This referral will be valid for 6 months from the date it is signed.

Revised 10-2023