

REQUEST FOR NEW TEAM ID

(All Fields Required)

(Fill Fields Required)			
Brokerage Name: _			
Location(s):			
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	Memher:		
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	nil:		
Please List Member N	All Team Members: ame	<i>U#</i>	Signature
includes Coming So Market. No statistic current listings, the member is departin	oon-No Showings, Active, Ac cal history will be transferred ose listings will be distribute	tive w/Kick-Out, P d from the Team II d as directed by th t entitled to transf	will be transferred to the Team ID assigned. This ending/Continue to Show, Pending, and Temp Off D, even if the team dissolves. If a dissolving team has ne Participant. If a team remains in effect and a team fer team listings into their own name unless otherwise there:
·	e:ature:		

By submitting the Team ID Application with appropriate signatures, you are agreeing to the terms of the Team ID Policy and are now required to enter and close all listings with the assigned Team ID.

Submit all applications with your \$100 processing fee to the Cape Cod & Islands Association of REALTORS®, Inc., 22 Mid-Tech Dr. West Yarmouth, MA 02673. You may also email your application to support@cciaor.com and contact the membership office directly at (508) 957-4300 for payment.

Periodically, teams will be required to submit a recertification to the Cape Cod & Islands Multiple Listing Service, Inc. for updating member records.