

REQUEST FOR NEW TEAM ID

(All Fields Required)

Brokerage Name: _____

Location(s): _____

Team Name: _____

Responsible Team Member: _____

Preferred Mailing Address: _____

Team Contact Phone: _____

Team Contact Email: _____

Please List All Team Members:

Member Name	U#	Signature

Please Note: All current listings of each identified team member will be transferred to the Team ID assigned. No previous statistical history will be transferred.

All statistics created by a team will remain with the Team ID even if the team dissolves. Responsible Team Member, initial here: _____

Participant (DR) Name: _____

Participant (DR) Signature: _____

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.

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