

TEAM SETUP FORM

Office Name: _____ Team Lead: _____

Team Name: _____ Phone: _____

Email: _____ Website: _____

As the designated broker of the above office, I give my permission for the team to be formed.

Signature of IMLS Participant (Designated Broker)

Broker Name (please print)

Date

Please mark whether each member should have access to edit Team Listings

	YES	NO		YES	NO
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	11. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	12. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	13. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	14. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	15. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	16. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	17. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	18. _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	19. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	20. _____	<input type="checkbox"/>	<input type="checkbox"/>