



REQUEST FOR MLS TEAM

Team Name: _____
(please print)

***** TEAM NAME MUST BE 12 CHARACTERS OR LESS *****
(do not include the word TEAM, GROUP, PARTNERS, ETC.. IN YOUR CHARACTER COUNT)

Office Name: _____

Broker in Charge Name: _____

Team Address: _____
(Street) (Suite or Other)

(City) (State) (Zip Code)

Team Phone: _____

Team Fax : _____

Team E-mail: _____

Team Website: _____

AN EMAIL ADDRESS MUST BE INCLUDED TO RECEIVE EMAIL THAT MAY BE TEAM SPECIFIC – IF YOU DO NOT INCLUDE AN EMAIL ADDRESS, YOU WILL NOT RECEIVE IMPORTANT UPDATES FROM BCAR.

Team Members

Dated: _____

Signature: _____