TEAM ID CHANGE FORM

Revised 3/6/2020

Use this form for subscribers requesting to make a change to an existing Team ID, to inactivate a Team ID, or to add or remove a team member. If you have any questions, please contact MLS PIN Membership at 800-695-3000, option 3.

IMPORTANT NOTES—PLEASE READ:

- *Subscribers of the Team will continue to have separate ID numbers to be used when accessing Pinergy.*
- *Subscribers of the team will continue to be invoiced quarterly. If their quarterly fee is not paid on the due date and their MLS service is suspended, the Team ID will also be suspended until payment is received.*
- *If, at some future date, the Team dissolves or changes, MLS PIN will not change any Sold Listings assigned to the Team as either List Agent, Sale Agent or both. In addition, any Contacts assigned to the Team will need to be reassigned by your participant/manager before removing a subscriber from the Team or inactivating the Team*
- ***PLEASE ALLOW 24-48 HOURS FOR ALL CHANGES TO BE PROCESSED***

Team Name: _____ **Team ID #:** _____

Office Name: _____ **Office ID #:** _____

Please Select the Following:

☐ We wish to make the following change to our Team ID:

- ☐ Change our Team Email Address to: _____
- ☐ Change our Team Telephone Number to: _____
- ☐ Change our Team Name to: _____

☐ We wish to dissolve this Team ID number and revert back to our original MLS ID numbers.

☐ We wish to **add** the following member(s) to our Team ID Number *(Please list the members below)*

1st Subscriber to add: _____ MLS ID: _____

2nd Subscriber to add: _____ MLS ID: _____

☐ We wish to **remove** the following member(s) to our Team ID Number *(Please list the members below)*

1st Subscriber to remove: _____ MLS ID: _____

2nd Subscriber to remove: _____ MLS ID: _____

SIGNATURES *(Note: All Subscribers of the Team, as well as the Participant or Manager, must sign this form.)*

_____ _____

Signature 1st Subscriber ***Signature 2nd Subscriber***

_____ _____

Signature 3rd Subscriber ***Signature 4th Subscriber***

_____ _____/_____

Name of Participant (Please Print) ***Signature of Participant*** ***Date***

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