INTERNET DATA EXCHANGE (IDX)
BROKER PARTICIPATION FORM

Office Name: _____

Responsible Broker: _____ (Print)

_____ (Signature)

Dated: _____

Circle one choice: Yes, my office **will participate** in IDX.

No, my office **will not participate** in IDX.

Check one of the following if participating:

____ As responsible Broker, I give **permission for all** licensed agents in my office to participate in IDX on their individual, real estate web page.

____ As responsible Broker, agents in my office **are not allowed** to participate in IDX on their individual, real estate web page.

____ As responsible Broker, I give **permission for the following** licensed agents in my office to participate in IDX on their individual, real estate web page.