## **Member Website Authorization**

I give permission to have my name and contact information liste	ed on Interlink's website YES □ NO □
Name (Print):	Date:
Signature:	
Please give a brief description of your ministry as you would like it to	
I give permission to have a link to my ministry's website included	
Your Website:	
Name (Print):	
Signature	

Please send an updated picture, in jpeg format, to website@interlinkministries.org