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| **Community Coalition Action Theory (CCAT) Study Group Process** | | | | | | | |
| **Step:** | **1b** | **Title:** | **Study Group Membership Form** | **Who:** |  | **What:** |  |

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| **Name of Person Completing Form:** | | **County Name:** | | | **Date:** |  | | **County Name:** | |  | | |
| **Fill in the table below with the requested information.** | | | | | | | | | | | | | |
| **Organization** | **Name of Representative** | | **Date Approached**  to Participate in CCAT Process | **Date Agreed**  to Participate in CCAT Process | | | **Dates/Times that Work Best**  for Meeting | | **Technology Capacities & Needs**  (e.g., platform / equipment) | | **Roles**  (e.g., Co-Facilitator, Note Taker, Participant, etc.) | | |
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| **Fill in the final decision of the dates and times when the group will meet and what technology platform will be utilized.** | | | | | | | | | | | |
| DATES/TIMES:  TECHNOLOGY: | | | | | | | | | | | |
| Once you have completed the membership form, be sure to turn it in. | | | | | | | | | | | |