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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. |