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| **Worksheet** | **1.2 List All Members of your Health Council** |
| **County** |  |
| **Meeting Date** |  |
| **Meeting Location** |  |
| **Assessment Cycle** |  |

Feel free to submit this list electronically to health.policy@tn.gov

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| --- | --- | --- | --- |
| **Name** | **Organization** | **Sector** | **Contact Email** |
| Jane Doe | County Schools | Education | Jane.doe@countyschools.net |
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*Please submit additional members on a separate sheet of paper.*