



theRPgroup

Research • Planning • Professional Development
for California Community Colleges

2018-19 INSTITUTIONAL MEMBERSHIP INVOICE

Organization Name: _____

Total Due: \$500.00

Please make check or warrant payable to **“The RP Group”** and mail to:

369-B Third Street #397
San Rafael, CA 94901

Please complete and return the enclosed contact information form with your membership dues.

You may also email a scanned copy of your contact information form to:
membership@rpgroup.org

If you have any questions, please feel free to contact:

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