



For office use:
Check #: _____
Date Rec'd: _____
Amt: _____

“Interdisciplinary leadership for developmental-behavioral health”

**SOCIETY FOR DEVELOPMENTAL
AND BEHAVIORAL PEDIATRICS**

703-556-9222 * info@sdbp.org

2010 ASSOCIATE MEMBERSHIP APPLICATION

Name (please print): _____

Professional Degree(s): _____

Preferred Mailing Address: _____

Office Telephone and Fax #s: _____

E-Mail: _____

Institutional Affiliation: _____

Title of Developmental-Behavioral Training Program: _____

Expected Date of Program Completion: _____

PROGRAM DIRECTOR NAME _____

Title: _____

Address: _____

Email: _____

Telephone #: _____

SDBP is committed to increasing the diversity of its membership and of developmental and behavioral pediatrics. To this end, we would like to get a profile of our members’ racial and ethnic backgrounds and heritages. Although it is not mandatory to answer the following question, we would appreciate your response. ***This information will be kept confidential.*** Thank you.

How would you describe your race/ethnicity? (Please check all that apply) Prefer Not To Answer

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> European American/Caucasian | Hispanic/Latino (please choose from the following): | | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> European/Spain | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> East/Southeast Asian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Dominican | <input type="checkbox"/> Other Central/South American (describe) | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Other (describe) _____ | | |
| <input type="checkbox"/> Indian/Indian Subcontinent | | | |
| <input type="checkbox"/> West Indian/Caribbean | | | |

Return application, supporting materials and Payment of \$110 to:

SDBP
6728 Old McLean Village Drive
McLean, VA 22101
Fax: 703-556-8729

We accept payment via Check (payable to SDBP), MasterCard or Visa.

If paying by MasterCard or Visa, please complete below:

Credit Card #: _____ Exp: _____

Signature: _____

Please enclose your curriculum vitae or resume. Letters of Reference can be mailed, emailed or faxed.

If you have any questions, feel free to call 703-556-9222 and ask for SDBP Membership.