



For office use:
 Check #: _____
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 Amt: _____

“Interdisciplinary leadership for developmental-behavioral health”

**SOCIETY FOR DEVELOPMENTAL
 AND BEHAVIORAL PEDIATRICS**
 703-556-9222 * info@sdbp.org

**2010 DEVELOPING WORLD PROFESSIONAL
 MEMBERSHIP APPLICATION**

Name (please print): _____
 Professional Degree(s): _____
 Preferred Mailing Address: _____

 Office Telephone and Fax #s: _____
 E-Mail: _____
 Institutional Affiliation: _____
 Academic Appointment: _____

I am applying for a **Developing World Professional Membership** using the following criteria (please refer to Aims, Membership Requirements, and Application Procedures for details, and CHECK ONE):

- A. Research.** Please enclose:
 - 1) a copy of your curriculum vitae, and
 - 2) one reference letter (see below).
- B. Teaching.** Please enclose:
 - 1) a copy of your curriculum vitae, and
 - 2) one reference and contact information (see below).
- C. Clinical Practice** (at least half-time commitment).
 Please enclose:
 - 1) a copy of your curriculum vitae, and
 - 2) one reference and contact information (see below).

References:

Name: _____
 Title: _____
 Address: _____

 Telephone No. _____

I am currently a member of (circle all that apply):
 SPP AAP (Dev and Beh Section)
 AAP (Children w/ Disab Section)
 SAM SBM SPR SRCD AAMR
 AACPDM Academic Peds Assn

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**

European American/Caucasian
 European/Spain
 African American
 Native American/Alaskan Native
 Indian/Indian Subcontinent
 West Indian/Caribbean

Hispanic/Latino (please choose from the following):

Mexican American
 Puerto Rican
 Hawaiian/Pacific islander
 Dominican
 Other Central/South American (describe)
 East/Southeast Asian
 Middle Eastern
 Other (describe) _____

**Return application, supporting materials and
 Payment of \$110 USD 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 visit: <http://www.who.int/hinari/eligibility/en/> for a list of Developing Countries. Band 1 & Band 2 are eligible for the same \$110 US discounted rate.