



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

2012 DEVELOPING WORLD PROFESSIONAL MEMBERSHIP APPLICATION

Name (please print): _____
 Professional Degree(s): _____ DOB _____
 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).

Reference: 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
- Hawaiian/Pacific islander
- East/Southeast Asian
- Middle Eastern
- Other (describe) _____

Hispanic/Latino (please choose from the following):

- Mexican American
- Puerto Rican
- Dominican
- Other Central/South American (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: _____