



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 NON DOCTORATE 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 **Non Doctorate 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: \_\_\_\_\_