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“Interdisciplinary leadership for developmental-behavioral health”

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

**2010 REGULAR  
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 **Regular 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. \_\_\_\_\_

<p><b>I am currently a member of</b> (circle all that apply):</p> <p>SPP    AAP (Dev and Beh Section)</p> <p>AAP (Children w/ Disab Section)</p> <p>SAM    SBM    SPR    SRCD    AAMR</p> <p>AACPDM    Academic Peds Assn</p>
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<p>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. <b><i>This information will be kept confidential.</i></b> Thank you.</p> <p>How would you describe your race/ethnicity? (Please check all that apply) <input type="checkbox"/> <b>Prefer Not To Answer</b></p> <p><input type="checkbox"/> European American/Caucasian</p> <p><input type="checkbox"/> European/Spain</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Native American/Alaskan Native</p> <p><input type="checkbox"/> Indian/Indian Subcontinent</p> <p><input type="checkbox"/> West Indian/Caribbean</p> <p><b>Hispanic/Latino (please choose from the following):</b></p> <p><input type="checkbox"/> Mexican American</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Hawaiian/Pacific islander</p> <p><input type="checkbox"/> Dominican</p> <p><input type="checkbox"/> Other Central/South American (describe)</p> <p><input type="checkbox"/> East/Southeast Asian</p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Other (describe) _____</p>
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<p><b>Return application, supporting materials and Payment of \$210 USD to: SDBP</b></p> <p>6728 Old McLean Village Drive        McLean, VA 22101        Fax: 703-556-8729</p> <p>We accept payment via Check (payable to SDBP), MasterCard or Visa. If paying by MasterCard or Visa, please complete below:</p> <p>Credit Card #: _____ Exp: _____</p> <p>Signature: _____</p>
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