



"Interdisciplinary leadership for developmental-behavioral health"

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

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

2012 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).

Reference: Name:
Title:
Address:

Return application, supporting materials and
Payment of \$210 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:

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 \_\_\_ Hawaiian/Pacific Islander
\_\_\_ European/Spain \_\_\_ East/Southeast Asian
\_\_\_ African American \_\_\_ Middle Eastern
\_\_\_ Native American/Alaskan Native
\_\_\_ Indian/Indian Subcontinent \_\_\_ Other (describe)
\_\_\_ West Indian/Caribbean
Hispanic/Latino (please choose from the following):
\_\_\_ Dominican
\_\_\_ Mexican American
\_\_\_ Puerto Rican
\_\_\_ Other Central/South American (describe)