



SOCIETY FOR DEVELOPMENTAL & BEHAVIORAL PEDIATRICS

Interprofessional Leadership for
Developmental-Behavioral Health

2018 DEVELOPING WORLD PROFESSIONAL
MEMBERSHIP APPLICATION

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

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 visit
http://www.who.int/hinari/eligibility/en/ for a list of eligible Developing
Countries. Group A & Group B are eligible for the \$115 US discounted rate.

CLINICAL PRACTICE AREA:
Academic Instruction
Developmental & Behavioral Pediatrics
General Pediatrics
Neonatal Follow-up
Neurodevelopmental Pediatrics
Psychiatry
Research
Other:

Reference:
Name:
Email:

Is your Reference a member of SDBP? YES NO

PROFESSION:
Clinical Nurse Specialist
Educational Specialist
Fellow
Nurse Practitioner
Occupational Therapist
Physician
Physical Therapist
Psychologist
Psychology Trainee
Registered Nurse
Resident
Social Worker
Speech and Language Pathologist
Other:

SDBP is committed to increasing the diversity of its membership and of developmental and behavioral pediatrics. To this
end, we are requesting 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/background? (Please check all that apply)
White
Black or African American
Asian
American Indian or Alaskan Native
Indian/Indian Subcontinent
Hispanic
Non Hispanic
Native Hawaiian & Other Pacific Islander
Other:

**\*Please visit: <http://www.who.int/hinari/eligibility/en/> for a list of Developing Countries.  
Group A & Group B are eligible for the same \$115 US discounted rate.\***

**Return application, supporting materials and Payment of \$115 to:**

SDBP  
6728 Old McLean Village Drive  
McLean, VA 22101  
Fax: 703-556-8729

We accept payment via Check (payable to SDBP), or **MasterCard or Visa only:**

Print Cardholder Name \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp: \_\_\_\_\_

**If mailing, please enclose your curriculum vitae or resume**

**OR**

**fax to 703-556-8729**

**OR**

**You can email, application, CV or resume as one PDF document to [info@sdbp.org](mailto:info@sdbp.org)**

**If you have any questions, please email [info@sdbp.org](mailto:info@sdbp.org) or  
call 703-556-9222 and ask for SDBP Membership.**