



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

2017 REGULAR MEMBERSHIP APPLICATION

Name (please print): _____ Male Female
 Professional Degree(s): _____ DOB _____
 Preferred Mailing Address: _____

 Office Telephone and Fax #s: _____
 E-Mail: _____
 Institutional Affiliation: _____
 Academic Appointment: _____

I am applying for **Regular Membership**

Reference:

Name: _____
 Email: _____

*Is your Reference a member of SDBP? YES NO

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/background? (Please check all that apply) ___ **Prefer Not To Answer**

- ___ American Indian/Alaskan Native
 - ___ Asian
 - ___ Native Hawaiian & Other Pacific Islander
 - ___ Black/African American
 - ___ White
 - ___ Other _____
- ___ Hispanic ___ Non- Hispanic

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: _____

CLINICAL PRACTICE AREA:

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

Return application, supporting materials and Payment of \$210 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 #: _____ Security Code: _____

Exp: _____ (Print Cardholder Name if someone else) _____

Signature: _____

If mailing, please enclose your curriculum vitae or resume.

OR

You can also fax to 703-556-8729.

OR

**You can email, application, CV or resume as one PDF document to
info@sdbp.org**

**If you have any questions, feel free to call 703-556-9222 and ask for SDBP
Membership.**