



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 DEVELOPING WORLD PROFESSIONAL MEMBERSHIP APPLICATION**

Name (please print): \_\_\_\_\_  Male  Female

Professional Degree(s): \_\_\_\_\_ DOB \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
 Home  Work   
 (Please check one) \_\_\_\_\_

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 see <http://www.who.int/hinari/eligibility/en/> for a list of eligible countries. Developing World Professionals are defined as listed in Band 1 and Band 2.):

**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
- \_\_\_ Indian/Indian Subcontinent
- \_\_\_ 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: \_\_\_\_\_

\*Please visit: <http://www.who.int/hinari/eligibility/en/> for a list of Developing Countries. Band 1 & Band 2 are eligible for the same \$110 US discounted rate.\*

**Return application, supporting materials and Payment of \$110 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.**