



**SOCIETY FOR DEVELOPMENTAL & BEHAVIORAL PEDIATRICS**

*Interprofessional Leadership for  
Developmental-Behavioral Health*

*For office use:*  
 Check #: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 Amt: \_\_\_\_\_

**2018 REGULAR MEMBERSHIP APPLICATION**

Name (please print): \_\_\_\_\_  Male  Female  
 Professional Degree(s): \_\_\_\_\_ DOB \_\_\_\_\_ (optional)  
 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

**CLINICAL PRACTICE AREA:**

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

**PROFESSION:**

<input type="radio"/> Clinical Nurse Specialist	<input type="radio"/> Physician	<input type="radio"/> Resident
<input type="radio"/> Educational Specialist	<input type="radio"/> Physical Therapist	<input type="radio"/> Social Worker
<input type="radio"/> Fellow	<input type="radio"/> Psychologist	<input type="radio"/> Speech and Language Pathologist
<input type="radio"/> Nurse Practitioner	<input type="radio"/> Psychology Trainee	<input type="radio"/> Other: _____
<input type="radio"/> Occupational Therapist	<input type="radio"/> Registered Nurse	

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)*

<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Non Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian & Other Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Indian/Indian Subcontinent	

**Return application, supporting materials and Payment of \$230 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.**