



IABA
INTERNATIONAL ASSOCIATION OF BLACK ACTUARIES

INDIVIDUAL INFORMATION FORM

The information on this form will be used for IABA purposes only. Your information will not be shared with any outside entities.

Name:

Gender: Male Female

Email Address (Personal):

Indicate School Year: Freshman Sophomore Junior Senior Graduate

Name:

Gender: Male Female

Email Address (Personal):

Indicate School Year: Freshman Sophomore Junior Senior Graduate

Name:

Gender: Male Female

Email Address (Personal):

Indicate School Year: Freshman Sophomore Junior Senior Graduate

Name:

Gender: Male Female

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Indicate School Year: Freshman Sophomore Junior Senior Graduate

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