| CCTX Membership Application | | | |
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| ORGANIZATION Information | | | |
| Organization Name: | | | |
| # Years in Business: | Web Site URL: | | Phone: |
| Head Office Address: | | | |
| City: | Province: | | Postal Code: |
| Annual Revenue: | | # of Employees: | |
| organization CONTACT Information | | | |
| Contact Name: & Title: | | | |
| Phone: | E-mail: | | |
| Office Address: | | | |
| City: | Province: | | Postal Code: |
| Cyber THREAT MATURITY LEVEL – insert “yes” where MOST appropriate | | | |
| Basic: | Intermediate: | | Advanced: |
| CYBER THREAT PROFILE – Please provide as much information as you have | | | |
| 1. What business sector are you in? e.g. Insurance, Transportation, Information Tech, Communications, Electricity, Retail | | | |
| 1. What kind of cyber threats concern you most? e.g. Malware, DDOS, phishing etc. | | | |
| 1. Has your security ever failed you? e.g. have you been breached? | | | |
| 4 Please provide volumes, types & frequency of attacks | | | |
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| EXPECTATIONS – WHAT ARE YOUR TOP 3 CYBER RELATED PRIORITIES | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| FREE FORM INPUT OF ANY OTHER INFORMATION YOU WISH TO SHARE | | | |
|  | | | |
| Signatures | | | |
| I authorize the verification of the information provided on this form. | | | |
| Signature of applicant representative: | | | Date: |