| CCTX Membership Application |
| --- |
| 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 |
|  |
|  |
|  |
|  |
| 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: |