| CCTX Application | | | |
| --- | --- | --- | --- |
| ORGANIZATION Information | | | |
| Organization Name: | | | |
| Head Office Address: | | | |
| City: | | Province: | |
| Postal Code: | | Phone: | |
| Web Site URL: | | # of Employees: | |
| Are you incorporated to conduct business in Canada? | | Incorporation Number: | |
| organization CONTACT Information | | | |
| Contact Name: | | | |
| Contact Title: | | | |
| Office Address: | | | |
| City: | Province: | | Postal Code: |
| Phone: | E-mail: | | |
| CATEGORY OF PARTICIPATION | | | |
| Member 1 | Associate  (choose one sub-category below)  Institutions 2  Medium 3 Small 4 | | Affiliate 5 |
| 1. Companies with more than 500 employees 2. Academic institutions or hospitals 3. Companies with 100 – 499 employees 4. Companies with less than 99 employees 5. Trade Associations | | | |
| MISSION STATEMENT | | | |
| **CCTX will support the sharing and analytics of cyber threat information across sectors and with other sharing hubs to help protect Canadian businesses, governments, and consumers, and strengthen Canada’s economic prosperity.** | | | |
| Signatures | | | |
| I authorize the verification of the information provided on this form. | | | |
|  | | | |
| Name and Title of authorized representative | | | |
|  | | |  |
| Signature | | | Date |