



## CCTX APPLICATION

### ORGANIZATION AND CONTACT INFORMATION

Organization Name:		
Head Office Address:		
City:	Province:	Postal Code:
Incorporation/Registration Number:		
Location of Incorporation/Registration:		
Web Site URL:		Number of Employees:
Contact Name:		
Contact Title:		
Office Address:		
City:	Province:	Postal Code:
Phone:	E-mail:	

### CATEGORY OF MEMBERSHIP

**Category of membership is determined by the number of employees in your company.  
Membership fees vary by level of membership category.**

Member <input type="checkbox"/>	Associate <input type="checkbox"/> Choose level (as described below): <hr style="width: 50%; margin: 0 auto;"/>	Affiliate <input type="checkbox"/>
<ol style="list-style-type: none"> <li>1. Member – more than 5,000 employees</li> <li>2. Associate (Platinum) – 1,500 to 4,999 employees</li> <li>3. Associate (Gold) – 500 to 1,499 employees</li> </ol>	<ol style="list-style-type: none"> <li>4. Associate (Silver) – 250 to 499 employees</li> <li>5. Associate (Bronze) – 100 to 249 employees</li> <li>6. Associate (Entry) – less than 99 employees</li> <li>7. Affiliate – Trade Associations</li> </ol>	

### 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.**

### SIGNATURE

I authorize the verification of the information provided on this form.	
Name and Title of authorized representative	
Signature	Date