



## CCTX APPLICATION FORM – EDUCATION INSTITUTIONS

### ORGANIZATION AND CONTACT INFORMATION

Name of Education Institution:

Address:

City:	Province:	Postal Code:
-------	-----------	--------------

Web Site URL:	Annual Budget:
---------------	----------------

Contact Name:

Contact Title:

Office Address:

City:	Province:	Postal Code:
-------	-----------	--------------

Phone:	E-mail:
--------	---------

### CATEGORY OF MEMBERSHIP

**Category of membership is determined by education institution's annual budget.  
Annual CCTX fees vary by category.**

Education Institute

Choose level (as described below):

\_\_\_\_\_

Education Institute – Gold (Large institution)  
Education Institute – Silver (Medium institution)  
Education Institute – Bronze (Small institution)

### 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