



CCTX APPLICATION FORM -- MUNICIPALITIES

ORGANIZATION AND CONTACT INFORMATION

Municipality Name:

Office Address:

City:

Province:

Postal Code:

Location of Municipality:

Web Site URL:

Population Size:

Contact Name:

Contact Title:

Office Address:

City:

Province:

Postal Code:

Phone:

E-mail:

CATEGORY OF MEMBERSHIP

**Category of membership is determined by the municipality population size.
Annual CCTX fees vary by category.**

Municipal Associate

Choose level (as described below):

1. Municipal Associate (Platinum) – population of 500,000+
2. Municipal Associate (Gold) – population of 300,000-499,000

3. Municipal Associate (Silver) – population of 100,000-299,000
4. Municipal Associate (Bronze) – population of 20,000-99,000
5. Associate (Entry) – population of below 20,000

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