

CCTX MEMBERSHIP APPLICATION							
ORGANIZATION AND CONTACT INFORMATION							
Organization Name:							
Head Office Address:							
City:		Province:		Postal Code:			
Incorporation/Registration Number:	Location of Incor	ocation of Incorporation/Registration:					
Web Site URL:		Number of Employees:					
Contact Name:	Contact Title:	ontact Title:					
Phone: E-mail:							
MEMBERSHIP CATEGORY Please select your membership level from the appropriate category below.							
BUSINESS and INDUSTRY ASSOCIATIONS							
☐ Member – more than 5,000 employees							
☐ Associate (Platinum) – 1,500 to 4,	☐ Associate	☐ Associate (Gold) – 500 to 1,499 employees					
☐ Associate (Silver) – 250 to 499 employees			☐ Associate	☐ Associate (Bronze) – 100 to 249 employees			
☐ Associate (Entry) – less than 99 e	□ Affiliate –	☐ Affiliate — Trade Associations					
HEALTHCARE INSTITUTIONS	MUNICIPA	MUNICIPALITIES					
☐ Healthcare Associate (Platinum) – \$750M+ Annual Budget			☐ Municipal	☐ Municipal Associate (Platinum) — population of 500,000+			
☐ Healthcare Associate (Gold) — \$500M to \$749M Annual Budget		re Associate (Silver) - :499M Annual Budget				☐ Municipal Associate (Silver) — population of 100,000-299,000	
☐ Healthcare Associate (Bronze) — \$50M to \$199M Annual Budget	☐ Healthcare Associate (Entry) — Below \$50M Annual Budget			☐ Municipal Associate (Bronze) — population of 20,000-99,000		☐ Municipal Associate (Entry) — population below 20,000	
REGISTERED CHARITIES	EDUCATIO	EDUCATION INSTITUTIONS					
☐ Registered Charity Associate (Plat	ees 🗆 Education	☐ Education Institute – Gold (Large institution)					
☐ Registered Charity Associate (Gold) – 500 to 1,499 employees		ed Charity Associate 50 to 499 employees	☐ Education	☐ Education Institute – Silver (Medium institution)			
☐ Registered Charity Associate (Bronze) – 100 to 249 employees	- 3	ed Charity Associate ess than 99 employees		☐ Education Institute – Bronze (Small institution)			
HOW DID YOU LEARN ABOUT THE CCTX?							
SIGNATURE							
I authorize the verification of the information provided on this form.							
Name and Title of Authorized Representative							
Signature			Date				