



Échange canadien de menaces cybernétiques Informer les entreprises canadiennes

## **CCTX MEMBERSHIP APPLICATION**

## **ORGANIZATION AND CONTACT INFORMATION**

Organization Name:					
Head Office Address:					
City: Pro	Province:		Postal Cod	e:	
Incorporation/Registration Number: Low		Location of Incorpo	ocation of Incorporation/Registration:		
Web Site URL:			Number of Employees:		
Contact Name: Co		Contact Title:	iontact Title:		
Phone: E-		E-mail:	-mail:		
<b>MEMBERSHIP CATEGORY</b> 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 4,999 employees		□ Associate (G	□ Associate (Gold) – 500 to 1,499 employees		
□ Associate (Silver) – 250 to 499 employees		□ Associate (B	□ Associate (Bronze) – 100 to 249 employees		
□ Associate (Entry) – less than 100 employees		🗆 Affiliate – Tr	□ Affiliate – Trade Associations		
HEALTHCARE INSTITUTIONS		MUNICIPALI	MUNICIPALITIES		
Healthcare Associate (Platinum) – \$750M+ Annual Budget		Municipal As	□ Municipal Associate (Platinum) – population of 500,000+		
	ssociate (Silver) – 1 Annual Budget		ssociate (Gold) – 00,000-499,000	□ Municipal Associate (Silver) – population of 100,000-299,000	
□ Healthcare Associate (Bronze) – □ Healthcare As \$50M to \$199M Annual Budget Below \$50M Ann	ssociate (Entry) – nual Budget	Deputation of 2	ssociate (Bronze) – 0,000-99,000	□ Municipal Associate (Entry) – population below 20,000	
REGISTERED CHARITIES		EDUCATION	EDUCATION INSTITUTIONS		
□ Registered Charity Associate (Platinum) – more than 1,500 employees		es 🛛 Education Ir	Education Institute – Gold (Large institution)		
□ Registered Charity Associate (Gold) – 500 to 1,499 employees (Silver) - 250 to	•	Education In	□ Education Institute – Silver (Medium institution)		
□ Registered Charity Associate □ Registered Ch (Bronze) – 100 to 249 employees (Entry) – less th	harity Associate han 100 employe		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	Date		