

Registration Form
ESTA Affiliated Companies



Name of Company _____
Company representing

Section to be assigned to

<input type="checkbox"/>	Cranes
<input type="checkbox"/>	Abnormal Road

Number of Employees

Address

Postal code

City

Country

Phone [general]

Fax [general]

Webaddress

e-mail address

ESTA contact person [name and title]*

Direct phone

Cell phone

Direct e-mail

Registration Form

ESTA Affiliated Companies

The following natural person[s] will be represent[s] the Company



ESTA contact person [name and title]*

Visiting address

Postal code

City

Country

Phone [direct]

Fax [direct]

Cell phone

e-mail [direct]

ESTA contact person [name and title]*

Visiting address

Postal code

City

Country

Phone [direct]

Fax [direct]

Cell phone

e-mail [direct]

Applicable annual membership fees:

Employees <100 € 2000,-

Employees >100 € 4000,-

_____ (name of association) enters herewith

a request to be registered as an Affiliated Company of the European Association of Abnormal Road Transport and Mobile Cranes (ESTA) and acknowledges, by signing this registration form, that it agrees with the conditions and regulations of ESTA.

Date

Name

Signature

Please send this registrationform to: ESTA Home Office

Fax: + 31 [0] 71 572 4968 or mail to: Officemanager@estaeurope.eu