

Registration Form  
**ESTA Affiliated Companies**



Name of Company \_\_\_\_\_  
Company representing \_\_\_\_\_

Section to be assigned to  Cranes  
 Abnormal Road

Number of Employees \_\_\_\_\_

Address \_\_\_\_\_  
Postal code \_\_\_\_\_  
City \_\_\_\_\_  
Country \_\_\_\_\_

Phone [general] \_\_\_\_\_  
Fax [general] \_\_\_\_\_  
Webaddress \_\_\_\_\_  
e-mail address \_\_\_\_\_  
VAT Number [if applicable] \_\_\_\_\_

ESTA contact person [name and title]\* \_\_\_\_\_  
Direct phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Direct e-mail \_\_\_\_\_

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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 € 2100,-  
Employees > 100 € 4200,-

*[semi- government organisations receive a 50% reduction]*

\_\_\_\_\_ (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 \_\_\_\_\_