

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

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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 € 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 _____