

Registration Form
ESTA Ordinary Membership



Name of Association _____

Member as Association will be representing

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

Number of members of your Association

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 Association:

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:

- associations < 100 members € 4200,-
- associations > 100 members € 6300,-

_____ (name of association) enters herewith
a request to be registered as an Ordinary/Special Member 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 _____