

Registration Form  
**ESTA Ordinary Membership**



Name of Association \_\_\_\_\_

Cranes

Member as Association will be representing

Abnormal Road Transport

Number of members of your Association

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Address

---

Postal code

---

City

---

Country

---

Phone [general]

---

Fax [general]

---

Webaddress

---

e-mail address

---

ESTA contact person [name and title]\*

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Direct phone

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Cell phone

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Direct e-mail

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# Registration Form

## **ESTA Ordinary Membership**



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 € 4000,-

associations >100 members € 6000,-

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

Please send this registration form to: ESTA Home Office  
Fax: + 31 [0] 71 572 4968 or mail to: info@esta-eu.org