

Registration Form
ESTA Special 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:
€ 2000,-

_____ (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 _____