

Registration Form
ESTA Special Membership



Name of Association _____

Member as Association will be representing

<input type="checkbox"/>
<input type="checkbox"/>

Cranes

Abnormal Road Transport

Number of members of your Association

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

Registration Form

ESTA Special 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 € 2000,-

associations >100 members € 4000,-

_____ (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