

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 _____

Please send this registration form to: ESTA Home Office

Fax: + 31 [0] 71 572 4968 or mail to: officemanager@estaeurope.eu

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 _____