

Registration Form
ESTA Affiliated Companies



Name of Company _____
Company representing _____

Section to be assigned to Cranes
 Abnormal Road

Number of Employees _____

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 Company

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:
Employees < 100 € 2100,-
Employees > 100 € 4200,-

[semi- government organisations receive a 50% reduction]

_____ (name of association) enters herewith
a request to be registered as an Affiliated Company 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 _____