

Registration Form
ESTA Special Membership



Name of Association _____

Member as Association will be representing Cranes
 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 _____