



# Registration Form ESTA Affiliated Companies

This is a fillable pdf form, please insert signature electronically

## Your company details

Company name		Number of employees	
Contact person			
Address			
City		Postal code	
Country		Telephone	
E-mail			
VAT Number [if applicable]			

## Section to be assigned to

Section Cranes	
Section Transport	

## The following natural person[s] will represent the company

Contact person			
Address			
City			
Country		Postal code	
e-mail		Mobile number	

Contact person			
Address			
City			
Country		Postal code	
e-mail		Mobile number	

## Applicable annual membership fees:

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

**[semi- government organisations receive a 50% reduction]**

Company name	
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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	