



# Become a member of Villamanta

## Villamanta's Vision and Purpose

We want a Victorian community where people with disabilities have equality of rights, opportunity and voice. We promote laws and systems which better protect the human rights of people with disabilities. We work alongside people with disabilities to advocate on their legal problems. We work to increase access to legal advocacy for people with disabilities, especially people with cognitive impairments, and we speak up against problems that affect lots of people with disabilities.

**Any person that supports Villamanta's purpose and agrees to it's rules, can be a member of Villamanta.**

Members will receive a newsletter and annual report, and are invited to our General Meetings, including the Annual General Meeting. Members have a right to vote on any decisions.

**If you want to be a member of Villamanta, please complete the form below and return it via email to:**

**legal@villamanta.org.au or by post to:  
Villamanta Disability Rights Legal Service  
Inc. PO Box 7328 Geelong West VIC 3218.**

## What does Villamanta do?

Villamanta is a free Statewide Community Legal Service that works on disability related legal and justice issues for people with disabilities.

### Villamanta provides:

- A free telephone information, advice and referral service
- Casework on disability related legal issues
- Policy and Law Reform
- Community Legal Education

These services are provided free to people with a disability.

Some of these services are also provided to people who don't have a disability, to assist them in supporting people with a disability.

**Phone:** 1800 014 111 | **Web:** [villamanta.org.au](http://villamanta.org.au)

**Email:** [legal@villamanta.org.au](mailto:legal@villamanta.org.au)

**Address:** 244 Latrobe Terrace, Geelong West VIC 3218

**Mail:** PO Box 7328, Geelong West VIC 3218

## Membership is Free!

You will be contacted in writing when your membership application has been processed.

**JOIN VILLAMANTA TODAY!**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_