



Dear Customer,

Thank you for contacting NYRA Support with your interest in becoming a NYRA Bets member. Please complete the attached application and submit to us by Fax to # 1-866-697-2946 or to our mailing address:

**NYRA Bets Account Manager**  
**P. O. Box 90**  
**Jamaica, NY 11417**

***You must include a photocopy of ID to complete the processing of your application.***

*For security purposes we cannot accept applications sent via email nor can we process any applications received containing P.O Boxes for residence, as they are not considered as a valid address.*

Best Regards,  
**NYRA Support**



Aqueduct

Saratoga

Belmont

Longshots

## Application for NYRA Bets Account Wagering Card

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First M/I Last Month Day Year

**Address:** \_\_\_\_\_  
Street Apt/Ste  
\_\_\_\_\_  
City State Zip

**Primary Phone:** \_\_\_\_\_ **Alt. Phone (optional):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Access Code for Telephone:** (2-8 LETTERS WITH NO NUMBERS) \_\_\_\_\_

### FOR ONLINE WAGERING

**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
(4-8 CHARACTERS NO SPACES OR SYMBOLS ALLOWED) (MINIMUM 8 CHARACTERS)

I hereby request that the New York Racing Association, Inc., issue me a NYRA BETS account wagering card. In consideration for the issuance of the account card, I agree that I have read, accept, and agree to abide by NYRA's rules and regulations pertaining to the NYRA BETS program. Moreover, I agree that NYRA will not be responsible to me for funds charged to my account as a result of any unauthorized use of the card and/or password code. By my signature below, I attest that I am (18) years or older. Falsifying information on this application can result in criminal prosecution and forfeiture of funds on deposit.

### SECURITY QUESTIONS

#### GROUP A: PLEASE ANSWER ONE (1) QUESTION FROM GROUP A

1. **What is your paternal grandfather's first name?** \_\_\_\_\_
2. **Who was your childhood best friend?** \_\_\_\_\_
3. **What is your mother's maiden name?** \_\_\_\_\_

#### GROUP B: PLEASE ANSWER ONE (1) QUESTION FROM GROUP B

1. **What was your high school mascot ?** \_\_\_\_\_
2. **What was your first car?** \_\_\_\_\_
3. **What is your city of birth?** \_\_\_\_\_

**NYRA CAREFULLY SAFEGUARDS OUR MEMBERS' PRIVACY AND SECURITY.** ANY MISUSE OF ACCOUNTS, INCLUDING, BUT NOT LIMITED TO FRAUDULENT OF SUSPICIOUS ACTIVITY, WILL BE REPORTED TO LAW ENFORCEMENT AGENCIES.

**New Account #:** \_\_\_\_\_

**Replacement?** (check here)

**Old Account #:** \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Date

**PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR ID CARD ISSUED BY A STATE THAT CONTAINS A PHOTOGRAPH, YOUR NAME, DOB, GENDER, HEIGHT, EYE COLOR AND ADDRESS.**