

# DTW HTML ASSIGNMENT 2

**2200030111**

**LINK TO WEBSITE**


```
<html>
<head>
<title>sign up</title>
</head>
<body><h1>SIGN UP</h1>
<form>
<label align="center"> FIRST NAME:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="text" placeholder="first name">
<label align="center"> LAST NAME:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="text" placeholder="last name">
<label>E MAIL:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="text" placeholder="email address">
<label>DATE OF BIRTH:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="date" placeholder="enter date of birth">
<label>GENDER:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="radio" value="male"/> Male <input type="radio" value="female"/> Female
<label>Subscribe me to the Give for Good newsletter:<br></label><input type="checkbox" name="subscribe"/>
<h1>ORGANIZATION DETAILS</h1>
<label align="center"> Address of your charity:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="text">
<label align="center"> postal code:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="text">
<label align="center"> City:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&~<input type="text">
<label align="center"> Country:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&~<input type="text">
<label align="center"> Other countries in which your charity operates:</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&~<input type="text">
<label align="center"> Name of the certification organization (e.g. "BBB / give.org"):</label>&nbsp;&nbsp;<input type="text" value="BBB / give.org">
<br><h7> Does your organization have a charity certification, e.g. by one of the members of the ICFO</h7><br>
<input type="checkbox" value="yes">yes<br>
<input type="checkbox" value="Currently requested">Currently requested <br>
<input type="checkbox" value="no">no <br>
<br><h7>A PDF, print screen or picture showing your certification</h7>
<br>
<label>upload file:</label>
<input type="file"><br><br><br>
<input type="submit">
</form>
</body>
</html>
```

## SIGN UP

FIRST NAME:

LAST NAME:

E MAIL:

DATE OF BIRTH:  

GENDER: ☐ male ☐ female

Subscribe me to the Give for Good newsletter:  
☐ yes ☐ no

## ORGANIZATION DETAILS

Address of your charity:

postal code:

City:

Country:

Other countries in which your charity operates:

Name of the certification organization (e.g. "BBB / give.org"):

Does your organization have a charity certification, e.g. by one of the members of the ICFO

☐ yes

☐ Currently requested

☐ no

A PDF, print screen or picture showing your certification  
upload file:  No file chosen

Submit