

HTML and CSS Program for Membership Satisfaction Survey

HTML Code:

```
<!DOCTYPE html>

<html lang="en">

<head>

  <meta charset="UTF-8">

  <meta name="viewport" content="width=device-width, initial-scale=1.0">

  <title>Membership Satisfaction Survey</title>

  <link rel="stylesheet" href="styles.css">

</head>

<body>

  <div class="form-container">

    <h1>Membership Satisfaction Survey</h1>

    <form>

      <div class="form-group">

        <label for="first-name">Name:</label>

        <div class="name-fields">

          <input type="text" id="first-name" placeholder="First" required>

          <input type="text" id="last-name" placeholder="Last" required>

        </div>

      </div>

    </div>

    <div class="form-group">

      <label for="address">Address:</label>
```

```
<input type="text" id="address" placeholder="Street Address" required>
```

```
<div class="address-fields">
```

```
  <input type="text" id="city" placeholder="City" required>
```

```
  <input type="text" id="region" placeholder="Region" required>
```

```
  <input type="text" id="zip-code" placeholder="Postal / Zip Code" required>
```

```
  <select id="country" required>
```

```
    <option value="Romania" selected>Romania</option>
```

```
  </select>
```

```
</div>
```

```
</div>
```

```
<div class="form-group">
```

```
  <label for="phone">Phone:</label>
```

```
  <input type="tel" id="phone" placeholder="### ### ####">
```

```
</div>
```

```
<div class="form-group">
```

```
  <label for="account-number">Account Number (located in the top right-hand corner of your billing statement in  
bold):</label>
```

```
  <input type="text" id="account-number" required>
```

```
</div>
```

```
<div class="form-group">
```

```
  <label for="email">Email Address:</label>
```

```
  <input type="email" id="email" required>
```

```
</div>
```

```
<div class="form-group">

  <label>How long have you been a member of X company?</label>

  <div class="radio-group">

    <label><input type="radio" name="membership-duration" value="less-than-a-year" required> Less than a
year</label>

    <label><input type="radio" name="membership-duration" value="1-5-years"> 1-5 years</label>

    <label><input type="radio" name="membership-duration" value="6-10-years"> 6-10 years</label>

    <label><input type="radio" name="membership-duration" value="11-19-years"> 11-19 years</label>

    <label><input type="radio" name="membership-duration" value="20+-years"> 20+ years</label>

  </div>

</div>

<button type="submit">Submit</button>

</form>

</div>

</body>

</html>
```

CSS Code:

```
* {

  box-sizing: border-box;

  margin: 0;

  padding: 0;

}
```

```
body {  
  
  font-family: Arial, sans-serif;  
  
  background-color: #e7f0f9;  
  
  display: flex;  
  
  justify-content: center;  
  
  align-items: center;  
  
  height: 100vh;  
  
}
```

```
.form-container {  
  
  background-color: #ffffff;  
  
  border-radius: 8px;  
  
  padding: 20px;  
  
  width: 400px;  
  
  box-shadow: 0 4px 8px rgba(0, 0, 0, 0.1);  
  
}
```

```
h1 {  
  
  text-align: center;  
  
  color: #2c3e50;  
  
  margin-bottom: 20px;  
  
}
```

```
.form-group {  
  
  margin-bottom: 15px;
```

```
}
```

```
label {  
  
  display: block;  
  
  font-weight: bold;  
  
  margin-bottom: 5px;  
  
}
```

```
input[type="text"],  
  
input[type="email"],  
  
input[type="tel"],  
  
select {  
  
  width: 100%;  
  
  padding: 8px;  
  
  margin-bottom: 10px;  
  
  border: 1px solid #ccc;  
  
  border-radius: 4px;  
  
}
```

```
.name-fields input {  
  
  width: calc(50% - 5px);  
  
  display: inline-block;  
  
}
```

```
.address-fields input,  
  
.address-fields select {
```

```
width: calc(25% - 5px);

margin-right: 5px;

display: inline-block;

}
```

```
.radio-group label {

display: block;

margin-bottom: 5px;

}
```

```
button {

width: 100%;

padding: 10px;

background-color: #3498db;

color: #ffffff;

border: none;

border-radius: 4px;

font-size: 16px;

cursor: pointer;

}
```

```
button:hover {

background-color: #2980b9;

}
```