**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 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;

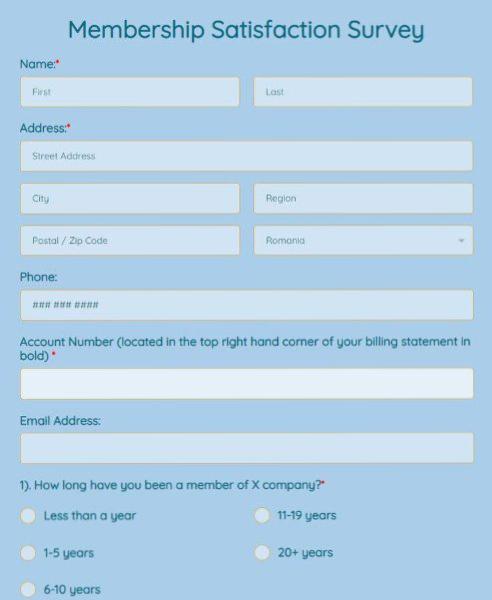
}

Button:hover {

Background-color: #2980b9;

}

**Output :**

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