Index.html:

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>GYM Membership Survey</title>
    <link rel="stylesheet" href="styles.css">
</head>
<body>
    <div class="survey-form">
        <h1>GYM Membership Survey</h1>
        <form>
            <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>

            <label for="address">Address: *</label>
            <input type="text" id="address" placeholder="Street Address" required>
            <div class="address-fields">
                <input type="text" placeholder="City" required>
                <select>
                    <option value="India">India</option>
                    <option value="other">Other</option>
                </select>
            </div>

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

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


        <label for="account-number">Account Number: *</label>

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


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

        <input type="email" id="email" placeholder="example@domain.com">


        <label>1) How long have you been a member in GYM ? *</label>

        <div class="radio-group">

            <label><input type="radio" name="membership-duration" value="less-than-1-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-plus-years"> 20+ years</label>

        </div>


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

    </form>

  </div>

</body>

</html>
```

Styles.css:

```css
body {

  font-family: Arial, sans-serif;

  background-color: #f0f8ff;

  margin: 0;
```

```css
    padding: 0;
}
.survey-form {
    max-width: 600px;
    margin: 50px auto;
    padding: 20px;
    background-color: #e6f7ff;
    border: 1px solid #b3e0ff;
    border-radius: 8px;
    box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
}
h1 {
    text-align: center;
    color: #007acc;
}
form {
    display: flex;
    flex-direction: column;
}
label {
    margin-top: 15px;
    font-weight: bold;
}
input, select {
    padding: 10px;    margin-top: 5px;
    border: 1px solid #ccc;
    border-radius: 4px;
    font-size: 16px;
    width: 100%;
}
.name-fields input {
```

```css
    display: inline-block;

    width: calc(50% - 5px);

    margin-right: 10px;

}

.address-fields input,

.address-fields select {

    display: inline-block;

    width: calc(25% - 5px);

    margin-right: 10px;

}

.radio-group label {

    display: block;

    margin: 10px 0;

}


button {

    margin-top: 20px;

    padding: 10px;

    background-color: #007acc;

    color: #fff;

    border: none;

    border-radius: 4px;

    font-size: 18px;

    cursor: pointer;

    transition: background-color 0.3s;

}


button:hover {

    background-color: #005f99;

}
```

Output :

GYM Membership Survey

Name:

First

Last

Address: *

Street Address

City

India ⌄

Phone:

#####

Account Number: *

Email Address:

example@domain.com

1) How long have you been a member in GYM ? *

○

Less than a year

○

1-5 years

○

6-10 years

○

11-19 years

○

20+ years

Submit