

BCSE204P CYCLIC TEST 1

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22BCE0618

CODES

index.html

```
<!DOCTYPE html>
<html lang="en">
  <head>
    <meta charset="UTF-8" />
    <meta name="viewport" content="width=device-width, initial-scale=1.0"
  />

  <title>Association Membership Form</title>
  <link rel="stylesheet" href="styles.css" />
  <script src="script.js"></script>
</head>
<body>
  <form class="formContainer">
    <div class="title">Association Membership Form</div>
    <div class="subtitle">Member Information</div>
    <div class="name">
      <p class="fieldName">Name</p>
      <div class="inputField">
        <input
          type="text"
          id="firstName"
          name="firstName"
          placeholder="First"
          required
        />
        <input
          type="text"
          id="lastName"
          name="lastName"
          placeholder="Last"
          required
        />
      </div>
    </div>
    <div class="address">
      <p class="fieldName">Address</p>
      <div class="inputField">
        <div class="addressInputField">
          <input
            type="text"
            id="address1"
            name="address1"
            placeholder="Street Address"
            required
          />
        </div>
      </div>
    </div>
  </form>
</body>
</html>
```

```
        <input
            type="text"
            id="address2"
            name="address2"
            placeholder="Street Address Line 2"
            required
        />
    </div>
    <div class="city-region">
        <input
            type="text"
            id="city"
            name="city"
            placeholder="City"
            required
        />
        <input
            type="text"
            id="region"
            name="region"
            placeholder="Region"
            required
        />
    </div>
    <div class="postal-country">
        <input
            type="text"
            id="postalCode"
            name="postalCode"
            placeholder="Postal / Zip Code"
            required
        />
        <select id="country" name="country" required>
            <option value="romania">Romania</option>
            <option value="india">India</option>
            <option value="usa">USA</option>
            <option value="uk">UK</option>
            <option value="australia">Australia</option>
            <option value="canada">Canada</option>
            <option value="germany">Germany</option>
            <option value="france">France</option>
            <option value="spain">Spain</option>
        </select>
    </div>
</div>
</div>
</div>
<div class="phone">
    <p class="fieldName">Phone</p>
```

```

        <input
            type="tel"
            placeholder="### ### ####"
            maxlength="10"
            required
        />
    </div>
    <div class="email">
        <p class="fieldName">Email</p>
        <input type="email" required />
    </div>
    <div class="subtitle">Select Your Membership Level</div>
    <div class="level-output">
        <div class="membershipLevel">
            <p class="fieldName">Annual Member</p>
            <br />
            <div class="radioButton">
                <input
                    type="radio"
                    name="membership"
                    id="individual"
                />&nbsp;&nbsp;&nbsp;Individual
            </div>
            <div class="radioButton">
                <input
                    type="radio"
                    name="membership"
                    id="family"
                />&nbsp;&nbsp;&nbsp;Family
            </div>
            <div class="radioButton">
                <input
                    type="radio"
                    name="membership"
                    id="student"
                />&nbsp;&nbsp;&nbsp;Student
            </div>
            <div class="radioButton">
                <input
                    type="radio"
                    name="membership"
                    id="educator"
                />&nbsp;&nbsp;&nbsp;Educator
            </div>
        </div>
        <div class="output">
            <div class="date">
                <p class="fieldName">Date:</p>

```

```

        </div>
        <br />
        <div class="membershipType">
            <p class="fieldName">Membership Type:</p>
        </div>
        <div class="membershipCost">
            <p class="fieldName">Membership Cost:</p>
        </div>
        <div class="fullName">
            <p class="fieldName">Name:</p>
        </div>
        <div class="mobileNumber">
            <p class="fieldName">Phone Number:</p>
        </div>
    </div>
    <div class="submitButton" onclick="submit">
        <button type="submit">SEND</button>
    </div>
</form>
</body>
</html>

```

style.css

```

* {
    margin: 0;
    padding: 0;
}

body {
    font-family: 'Arial', sans-serif;
    background-color: white;
    display: flex;
    justify-content: center;
    height: 100vh;
    width: 100vw;
    overflow: scroll;
    padding-top: 10vh;
}

.formContainer {
    display: flex;
    flex-direction: column;
    justify-content: center;
    width: 50vw;
}

```

```
    background-color: #ebf6fc;
    padding: 2vh;
}

.title {
    font-size: 4.5vh;
    color: #2e4559;
    margin-bottom: 2vh;
}

.subtitle {
    font-size: 3vh;
    color: #2e4559;
    margin-bottom: 2vh;
}

.fieldName {
    font-size: 2.5vh;
    color: #2e4559;
}

input, select {
    font-size: 2vh;
    padding: 1vh;
    margin-bottom: 1vh;
    color: #3d4e5e;
    font-weight: lighter;
}

.addressInputField {
    display: flex;
    flex-direction: column;
}

.name input,
.city-region input,
.postal-country input {
    width: 47%;
}

.postal-country select {
    width: 49.5%;
}

.phone input,
.email input {
    width: 97.4%;
}
```

```

.level-output {
  display: flex;
  flex-direction: row;
  width: 100%;
  justify-content: space-between;
}

.membershipLevel {
  color: #2e4559;
  font-size: 2.25vh;
  width: 50%;
}

.output {
  color: #2e4559;
  font-size: 2.25vh;
  width: 50%;
}

.radioButton {
  margin-bottom: 1vh;
}

.submitButton {
  width: 100%;
  display: flex;
  justify-content: center;
}

.submitButton button {
  background-color: #2e4559;
  color: white;
  border: 0px;
  padding: 1.5vh;
  width: 20%;
  border-radius: 45%;
}

```

script.js

```

document.addEventListener('DOMContentLoaded', function() {
  const form = document.querySelector('.formContainer form');

  form.addEventListener('submit', function(event) {
    const inputs = form.querySelectorAll('input[type="text"],
input[type="tel"], input[type="email"], select');
    let isEmpty = false;

```

```

        inputs.forEach(function(input) {
            if (input.value.trim() == '') {
                isEmpty = true;
                input.classList.add('error'); // Optional: Add a visual
indication of the error
            } else {
                input.classList.remove('error'); // Optional: Remove any
existing error indication
            }
        });

        if (isEmpty) {
            event.preventDefault(); // Prevent form submission if any input is
empty
            alert('Please fill out all required fields.');// Optional:
Display an alert to inform the user
        }
    });
});

```

Output:

The screenshot shows a web browser window with the title 'Association Membership Form'. The form is titled 'Association Membership Form' and is divided into several sections:

- Member Information**
 - Name**: Two input fields for 'First' and 'Last' names.
 - Address**: Three input fields for 'Street Address', 'Street Address Line 2', and 'City'.
 - Region**: A dropdown menu with 'Romania' selected.
 - Postal / Zip Code**: An input field.
 - Phone**: An input field with a placeholder '### ### ####'.
 - Email**: An input field.
- Select Your Membership Level**
 - Annual Member
 - ☐ Individual
 - ☐ Family
 - ☐ Student
 - Date: _____
 - Membership Type: _____
 - Membership Cost: _____
 - Name: _____
 - Phone Number: _____

BCSE203E_VL2023240503 Association Membership ChatGPT

file:///C:/Users/MANAN/Desktop/Manan%20Shah/VIT/Credit%20Courses/BCSE203E%20(Web%20Programming%20S4)/Cyclic%20Test%201/index.html

Association Membership Form

Member Information

Name

First Last

Address

Street Address

Street Address Line 2

City Region

Postal / Zip Code Romania

Phone

###

Email

Select Your Membership Level

Annual Member

Individual
Family
Student
Educator

Date:

Membership Type:
Membership Cost:
Name:
Phone Number:

SEND

BCSE203E_VL2023240503 Association Membership ChatGPT

file:///C:/Users/MANAN/Desktop/Manan%20Shah/VIT/Credit%20Courses/BCSE203E%20(Web%20Programming%20S4)/Cyclic%20Test%201/index.html

Association Membership Form

Member Information

Name

First Last

Address

Street Address

Street Address Line 2

City Region

Postal / Zip Code Romania

Phone

###

Email

Select Your Membership Level

Annual Member

Individual
Family
Student
Educator

Date:

Membership Type:
Membership Cost:
Name:
Phone Number:

SEND

BCSE203E_VL2023240503

Association Membership

ChatGPT

file:///C:/Users/MANAN/Desktop/Manan%20Shah/VT/Credit%20Courses/BCSE203E%20(Web%20Programming%20S4)/Cyclic%20Test%201/index.html

Association Membership Form

Member Information

Name

First

Last

Address

Street Add

Please fill out this field.

Street Address Line 2

City

Region

Postal / Zip Code

Romania

Phone

####

Email

Select Your Membership Level

Annual Member

☐ Individual

☐ Family

☐ Student

☐ Educator

Date:

Membership Type:

Membership Cost:

Name:

Phone Number:

SEND