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<!DOCTYPE html>

<html lang="en">

<head>

  <meta charset="UTF-8">

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

  <title>Survey Form</title>

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

</head>

<body>

  <div class="form-container">

    <h1>Survey Form</h1>

    <form action="#" method="POST">

      <!-- Name Field -->

      <label for="name">Full Name:</label>

      <input type="text" id="name" name="name" required>

      <!-- Address Field -->

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

      <textarea id="address" name="address" rows="4" required></textarea>

      <!-- Phone Number Field -->

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

      <input type="tel" id="phone" name="phone" pattern="[0-9]{10}" required placeholder="123-456-7890">

      <!-- Account Number Field -->

      <label for="account_number">Account Number:</label>

      <input type="text" id="account_number" name="account_number" required>

      <!-- Email Field -->
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<label for="email">Email Address:</label>

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


<!-- Membership Duration -->

<label for="membership_duration">How long have you been a member of X
Company?</label>

<select id="membership_duration" name="membership_duration" required>

  <option value="less_than_1_year">Less than 1 year</option>

  <option value="1_to_3_years">1 to 3 years</option>

  <option value="3_to_5_years">3 to 5 years</option>

  <option value="more_than_5_years">More than 5 years</option>

</select>


<!-- Submit Button -->

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

</form>

</div>


</body>

</html>
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Output:

# Survey Form

Full Name:	<input type="text"/>	Address:	<input type="text"/>	Phone Number:	<input type="text"/>
	<input type="text" value="123-456-7890"/>	Account Number:	<input type="text"/>	Email Address:	<input type="text"/>
	<input type="text"/>	How long have you been a member of X Company?	<input type="text" value="Less than 1 year"/>		
<input type="button" value="Submit"/>					

