
```
<!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>
```

```
  <style>
```

```
    body {
```

```
      font-family: sans-serif;
```

```
      background-color: #e0f2f7; /* Light blue
```

```
background */
```

```
      margin: 20px;
```

```
    }
```

```
    .container {
```

```
      background-color: white;
```

```
      padding: 20px;
```

```
      border-radius: 8px;
```

```
      box-shadow: 0 2px 4px rgba(0, 0, 0, 0.1);
```

```
    }
```

```
    h2 {
```

```
color: #007bff; /* Blue heading */  
}
```

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

```
input[type="text"],  
input[type="email"],  
input[type="tel"],  
select {  
    width: calc(100% - 12px); /* Account for  
padding */  
    padding: 8px;  
    margin-bottom: 15px;  
    border: 1px solid #ccc;  
    border-radius: 4px;  
    box-sizing: border-box; /* Include padding  
and border in element's total width and height */  
}
```

```
.radio-group {  
    margin-bottom: 15px;  
}
```

```
.radio-group label {  
    display: inline-block; /* Make labels sit  
side by side */  
    margin-right: 15px;  
    font-weight: normal;  
}
```

```
.radio-group input[type="radio"] {  
    margin-right: 5px;  
}
```

```
.country-select {  
    width: 150px; /* Adjust width as needed */  
    float: right; /* Position to the right */  
    margin-top: -55px;  
    margin-bottom: 15px;  
}
```

```
.country-select select{  
    width: 100%;  
}
```

```
@media (max-width: 600px) {
    .country-select {
        float: none; /* Reset float on smaller
screens */
        margin-top: 10px;
        width: 100%;
    }
}
</style>
</head>
<body>
    <div class="container">
        <h2>Membership Satisfaction Survey</h2>
        <form>
            <label for="name">Name:*</label>
            <input type="text" id="first" name="first"
placeholder="First" required>
            <input type="text" id="last" name="last"
placeholder="Last" required><br><br>

            <label for="address">Address:*</label>
            <input type="text" id="street"
name="street" placeholder="Street Address">
```

required>

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

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

<input type="text" id="postal"
name="postal" placeholder="Postal/Zip Code"
required>

<div class="country-select">
<select id="country" name="country">
<option value="romania">Romania</
option>

</select>

</div>

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

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

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

<input type="text" id="account"

name="account" required>

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

<input type="email" id="email"

name="email">

<label>1). How long have you been a
member of X company?*</label>

<div class="radio-group">

<label><input type="radio"

name="membership_length"

value="less_than_year" required> Less than a
year</label>

<label><input type="radio"

name="membership_length" value="1-5_years">

1-5 years</label>

<label><input type="radio"

name="membership_length"

value="6-10_years"> 6-10 years</label>

<label><input type="radio"

name="membership_length"

value="11-19_years"> 11-19 years</label>

<label><input type="radio"

```
        <label><input type="radio"
name="membership_length" value="1-5_years">
1-5 years</label>

        <label><input type="radio"
name="membership_length"
value="6-10_years"> 6-10 years</label>

        <label><input type="radio"
name="membership_length"
value="11-19_years"> 11-19 years</label>

        <label><input type="radio"
name="membership_length" value="20+_years">
20+ years</label>

    </div>

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

</form>

</div>

</body>

</html>
```

Name:*

First

Last

Address:*

Street Address

City

Region

Postal/Zip Code

Romania



Phone:

##

Account Number:*

Email Address:

1). How long have you been a member of X company?*

- ☐ Less than a year ☐ 1-5 years
- ☐ 6-10 years ☐ 11-19 years
- ☐ 20+ years

Submit