



Membership Report

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To: NJAFP House of Delegates

The New Jersey Chapter of the American Academy of Family Physicians experienced a modest decline in total membership between January 31, 2025 and January 31, 2026. Total membership decreased from 2,274 to 2,193 members, representing a net loss of 81 members, or approximately 3.6%. While this reflects a contraction in overall membership, the underlying trends show a stable core with movement concentrated in pipeline categories.

Active membership, the most critical measure for dues revenue and House of Delegates representation, declined slightly from 1,198 to 1,189 members. This represents a decrease of 9 members, or 0.8%, indicating that the chapter's core physician base remains largely stable year over year.

The most significant decline occurred in the student category, which decreased from 557 to 438 members, a loss of 119 members or 21.4%. Given the size of this cohort, this change accounts for the majority of the overall membership decline. While some portion of this movement may be attributable to variability in student engagement cycles, institutional participation, and the timing of January reporting, the magnitude and consistency of similar declines across peer chapters suggest a broader underlying trend. In that context, these results should be viewed not only as a snapshot affected by timing, but also as a potential indicator of a softening student pipeline that warrants continued attention.

Resident membership increased from 342 to 378 members, a gain of 36 members or 10.5%. This is a positive indicator for the near-term pipeline into active membership and suggests strength in residency program engagement.

Life membership increased from 159 to 170 members, a gain of 11 members or 6.9%, which may reflect aging into this category or reclassification. Inactive membership increased slightly from 9 to 10 members, while honorary membership remained unchanged at 1.

Supporting membership decreased from 8 to 6 members, and transitional membership increased from 0 to 1. These categories remain small and do not materially impact overall trends. No international members were reported in either year.

Overall, the chapter demonstrates stability in its core active membership and growth in residents, offset by a notable decline in student membership. The primary strategic implication is the importance of strengthening student recruitment and engagement while continuing to support resident conversion into active membership to maintain long-term growth.



Comparison to Peers and AAFP

New Jersey's overall membership decline of 3.6% (-81 members) is directionally consistent with broader AAFP trends, though somewhat more pronounced than the national average. AAFP total membership declined by 2.7% over the same period, indicating that New Jersey is slightly underperforming the national baseline but still generally aligned with system-wide patterns.

From a core membership standpoint, New Jersey continues to perform well relative to peers. Its Active membership declined just 0.8%, which compares favorably to several benchmark states. New York (-0.5%) and Texas (-1.3%) showed similar stability, while Pennsylvania (-2.5%) experienced a more notable decline. Smaller neighboring chapters such as Delaware (-2.7%) and Massachusetts (-2.2%) also saw larger proportional reductions than New Jersey. Importantly, the AAFP overall Active membership declined by approximately 1.0%, placing New Jersey slightly ahead of the national trend in preserving its core physician base.

The most significant differentiator across all chapters is the volatility in student membership, and New Jersey is not alone in experiencing a decline. Student membership fell sharply in New Jersey (-21.4%), but this pattern is mirrored—and in many cases exceeded—by peer states. New York (-21.4%), Pennsylvania (-18.2%), and Texas (-14.6%) all saw substantial drops, while the AAFP overall reported a significant decline of approximately 16.8% in student membership. Massachusetts is a notable outlier, showing growth (+5.7%), which may reflect differences in reporting timing or institutional engagement. As previously noted, these student fluctuations are likely influenced in part by timing issues tied to academic cycles and January reporting cutoffs, particularly given that AAFP data does not extend beyond that point. At the same time, the consistency and magnitude of declines across multiple chapters align with broader concerns about declining student interest in family medicine. While some portion of this change may normalize in future reporting periods, these figures may also serve as an early indicator of a softening pipeline, warranting continued monitoring and proactive engagement efforts.

Resident membership trends are more mixed and provide a more meaningful indicator of near-term pipeline health. New Jersey posted strong growth (+10.5%), outperforming New York (+3.3%) and Pennsylvania (-1.4%), and aligning with Texas (+4.6%) and Massachusetts (+5.9%). The AAFP overall resident population increased by approximately 3.2%, meaning New Jersey is outperforming the national trend in this critical conversion pipeline.

Life membership growth is consistent across nearly all chapters and reinforces a clear demographic trend. New Jersey (+6.9%), New York (+7.3%), Pennsylvania (+3.3%), Massachusetts (+11.0%), and Texas (+11.3%) all saw increases, as did the AAFP overall (+7.0%). This confirms that aging and retirement transitions are occurring broadly across the organization. In New Jersey, the increase in Life members closely offsets the decline in Active



membership, indicating that Active losses are largely attributable to expected lifecycle transitions rather than disengagement.

At the total membership level, New Jersey’s decline (-3.6%) falls within the range of peer outcomes. New York (-3.8%) and Pennsylvania (-4.7%) experienced comparable or greater declines, while Texas (-2.4%) and the AAFP overall (-2.7%) performed slightly better. Massachusetts again stands out with modest growth (+1.5%), suggesting localized factors at play rather than a systemic difference.

In summary, New Jersey’s performance is largely in line with peer chapters and national trends. The chapter demonstrates strong stability in Active membership, above-average growth in Residents, and expected increases in Life membership due to demographic shifts. The primary area of volatility—student membership—is consistent across the AAFP and likely reflects timing and reporting dynamics rather than a fundamental weakness. Overall, New Jersey remains well-positioned relative to comparable chapters, with no indicators of disproportionate decline or structural concern.

NJAFP Membership by Type — Year-over-Year Comparison

| Member Type | 2025 | 2026 | Change | % Change |
|--------------------|--------------|--------------|---------------|-----------------|
| Active | 1,198 | 1,189 | -9 | -0.8% |
| Honorary | 1 | 1 | 0 | 0.0% |
| Inactive | 9 | 10 | +1 | +11.1% |
| International | 0 | 0 | 0 | 0.0% |
| Life | 159 | 170 | +11 | +6.9% |
| Resident | 342 | 378 | +36 | +10.5% |
| Student | 557 | 438 | -119 | -21.4% |
| Supporting | 8 | 6 | -2 | -25.0% |
| Transitional | 0 | 1 | +1 | n/a |
| Total | 2,274 | 2,193 | -81 | -3.6% |